

ON THE
RELATIONS OF UTERINE
CONSTITUTIONAL DISORDER.

BY

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Those who have devoted themselves to the study and investigation of morbid phenomena, we may recognize two principal classes. One, looking more especially to the alterations of structure which are occasioned by disease, endeavour to deduce from them and the laws of their specific characters, anatomical, chemical, and physical, the laws which regulate their development, and the principles which should guide us in their prevention and cure. The other, looking at the mere structural changes themselves, seek to determine the mode of origin and formation by an examination of their causes, the circumstances by which they have been preceded, and the order and sequence of morbid actions. Each of these methods of inquiry has its advantages, whilst both are conducive to the extension of medical science; and while it would be invidious to draw any parallel between their respective merits, we may at least admit the importance of that which, by teaching us the incipient phenomena of disease, enables us to anticipate and avert those ulterior changes of structure which, when met with, are but little amenable to the resources of our art.

In such investigations, it is necessary to carry our inquiries beyond those limits which custom or system has arbitrarily assigned to particular diseases. It is necessary to study closely the first deviations from health; to trace morbid actions from their more determinate to

their more primitive conditions; and to note the order and succession of changes by which constitutional disorder becomes localised, as a local disorder passes into organic disease. For it is too evident, that morbid action may have commenced before sensibility warns us of its existence, and that the mere perception of pain or uneasiness, or indeed, of any sensible deviation from what is normal in a part, cannot be regarded as the commencement of disease. This may have begun long antecedently; and inquiry in such cases will often show that it had been attended by appropriate symptoms, which, if carefully sought for and recognised in other instances, would enable us to avert the consequences which would otherwise ensue.

In the prosecution of this subject, much may be gained from physiology, for it is to the point at which physiological actions become pathological, that our inquiries should be mainly directed. Much again, is to be learnt by collecting the histories of individual cases, and this should comprehend, not only their immediate symptoms and causes, but their remote antecedents also. By studying the particular circumstances or combination of events, which may have preceded a given rise to any particular lesion, we are enabled to anticipate its occurrence whenever similar circumstances cooperate; and this knowledge is eminently equivalent to power; with such power, medicine may claim to rank foremost among those sciences which have contributed most largely to the happiness and welfare of mankind. The knowledge of the past becomes our guide and security for the future, and in proportion as we have diligently watched and followed a process correctly interpreted the workings of nature, are we enabled to direct, to modify, or control them, and thus to minister most successfully to the wants and necessities of our fellow creatures.

The relations which subsist between uterine and constitutional disorder have not, as it appears to me, been satisfactorily determined; nor have they received, perhaps, that degree of attention which the importance of the subject merits. According to the most recent doctrines which have been put forward, uterine disorder is sufficient to take the initiative in all those morbid conditions, constitutional as well as local, which are met with in the progress of uterine disease; consistently with this view, the rule of practice has been to direct measures primarily and specifically to the uterine organs. The precise nature of the uterine malady has not, indeed, been clearly settled;—by one it is considered as congestive, by another as inflammatory and ulcerative, by a third as neuralgic, and by a fourth as a kind of mechanical displacement; but all agree in regarding it as of primary importance, and as the *fons et origo* of any coexisting dis-

rs. Whether, however, such views are correct, or, at all events, to the extent which has been contended for by some, may, I think, be left to the test of reasonable doubt. I do not deny that uterine disease, when established, may react injuriously upon the constitution, or that other organs may suffer in the general reaction more than others; but when inquiries are directed to the early history and mode of origin of these diseases, we shall find, I think, many reasons for believing that the disease is constitutional rather than local; that, whilst irritative disorder is preceded by vascular disease, that this has mainly resulted from constitutional causes, and that it is less the reaction of the uterine malady upon a healthy than upon a disordered constitution, which gives rise to the complex and often intractable maladies which are sometimes met with in connexion with uterine diseases. The question involved in this controversy is at the same time one of considerable practical importance; for, on the one hand, it should appear that uterine disorders are for the most part local and isolated affections, and arise irrespective of general causes, it must follow that treatment of a local character, if exclusively, must be chiefly required, and that the constitutional disorder will cease with the uterine. If, on the other hand, it is true that uterine disease is generally preceded by constitutional derangement, and is mainly dependent upon it; then it must equally follow, that treatment, to be successful, must be addressed principally to the latter, and more subordinately to the former.

Those who have adopted the first of these views, and who look to the uterine derangement as being for the most part idiopathic, and as existing independently of other disorders, and who regard the cervix uteri as the seat of uterine diseases, would seem to attach primary importance to the physical appearances which it presents under different circumstances, and have associated with many of them the existence of inflammation. In some instances however, it is possible that they have interpreted these according to preconceived views of their nature. I say this, because the significance of certain appearances presented by the cervix in different cases has not as yet been clearly determined. In regard to the diagnostic characters of inflammation, there is confessedly much difference of opinion, and there is still more as to the nature of ulceration. But in determining the nature of any physical appearances which may be met with in an organ, it is necessary to take into consideration the general and local symptoms with which they are attended, in order to arrive at correct conclusions, for the mere anatomical characters of inflammation may be present without inflammation actually existing. Now, on this point, the cases under consideration possess no kind of uniformity. I have met with some in

which inflammation and ulceration had been diagnosed after ocular examination, in which there was neither local pain, uneasiness, or functional disorder, or any febrile or constitutional derangement. In some instances, it is admitted that the general health has been perfectly good, where the cervix has presented the so-called appearance of inflammation; and they have been met with after death in persons who had died of other diseases, and who had never experienced any uterine pain, derangement, or uneasiness. Now such facts are calculated to shake our confidence in the inflammatory nature of *some* of these appearances of the cervix. I do not doubt the necessity or the importance of making an ocular examination of the uterine organs in cases of doubtful disease; but in estimating the character of the appearances which are observed, we should proceed with much caution, and with a due attention to the general and local symptoms which are met with in each case. In this country the subject of the physical characters of inflammation has been very carefully investigated by Dr. Yellowley, in an essay on the vascular appearances of the stomach, published in the *Medico-Chirurgical Transactions*, and he has shown that all the characters of true inflammation may be met with when no such disease could have existed. They were found in an intense degree in the mucous membrane of the stomach in healthy criminals who were executed in the prime of life, and in patients who had died of other diseases, quite unconnected with any affection of the stomach. He observes also very truly, "that in judging of the existence of external inflammation in the living body, it is not by mere redness or turgescence of vessels that the opinion is guided, but by those circumstances in conjunction principally with pain, heat, and swelling. It does not therefore appear to be less necessary, he observes, for the purpose of enabling us to judge of the existence of internal inflammation, that *something unequivocal in the symptoms* should be superadded to the *appearances* submitted to our consideration, than that there should be assistance required in judging of external affections in addition to mere colour or vascularity." The conclusions which Dr. Yellowley has arrived at on this subject have generally been assented to by the pathologists of this country, who avail themselves of his investigations in deciding upon the inflammatory nature of the physical appearances which are met with in different organs. The uterus can be no exception to their truth; and bearing them in mind, we may venture to doubt whether the appearances which have been attributed to inflammation of the cervix may not in some cases have another origin, and be indicative of other pathological conditions.

gain, in accounting for the origin, and the supposed frequency of the inflammatory lesions, we are referred by some writers to the anatomical and physiological characters of the uterine organs, to the vascularity of the cervix, the presence of cellular tissue in it, and the peculiar functions which these organs are destined to fulfil. But surely such views there must be some fallacy. It is scarcely consistent with the usual providence of nature, to suppose that such susceptibility to disease should be the necessary consequence of the due performance of the ordinary functions of an organ; and when a writer gravely tells us that the function of parturition cannot take place without inevitably, or, at least, if not in all cases, being accompanied by erosion, laceration, or contusion of the lining membrane of the cervix, we are tempted to enquire if this can really be so; and whether this can truly be said of the organ—the contemplation of which of old inspired Galen with wonder and admiration, and which Swammerdam, many centuries afterwards, described as the *miraculum naturæ*. I do not think we all can participate in such views; there must be many who believe that the uterine organs have been constructed so as to be adequate to the proper performance of their allotted functions, and who are disposed to look elsewhere, than to their anatomical and physiological characters, for an explanation of the source of their morbid actions. But, on the other hand, it is a well-established fact, that local diseases may arise exclusively from derangement of the general health—from morbid conditions of the blood—irritative disorder of organs which have extensive sympathies and abnormal states of the nervous and ganglionic centres. This principle was strongly inculcated by Cullen, and is in harmony with the doctrines of Hunter, and has been generally recognized by a host of English practitioners. A due application of it has, moreover, led to very valuable results in practice. It has taught us to look beyond the mere appearance of things; to refer morbid actions up to their remote origin or source; and thus to arrive at more rational and successful modes of treatment. Upon this principle, we are often able to connect local diseases with causes with which at first they would appear to have but little connexion, and the application of this doctrine is daily becoming more extended, as our knowledge of the nervous system and of physiology generally is advanced. “I must confess,” says Sir Benjamin Brodie, “that, in proportion as I have acquired a more extended experience in my profession, I have found more and more reason to believe that local diseases, in the strict sense of the term, are comparatively rare. Local causes operate so as to render one organ more liable to disease than another; but everything tends to prove, that in the great majority of

cases there is a morbid condition, either of the circulating fluid or of the nervous system, antecedent to the manifestation of disease in any particular structure. Moreover, even in those cases in which a disease may be distinctly traced to some kind of mechanical injury, the character which it assumes depends as much on the state of the general health as on the injury itself.”¹ By substituting for the general terms here employed, those which are significant of the particular diseases under consideration, we have in this passage those opinions clearly expressed, which it is the principal object of this paper to elucidate.

In considering how far this purpose could be best attained, and the relations of uterine to constitutional disorder most correctly determined, it has occurred to me to take a given number of uterine cases, to tabulate their principal antecedents and concomitants, and to observe their order, connection, and sequence. The subjoined table has been framed upon this plan; but I am aware that in constructing it I have not attained that degree of accuracy in its details which could be wished, and which is so necessary in inquiries of this kind. In questioning patients as to their state of health antecedently to any particular malady, it is extremely difficult to obtain from them satisfactory information. On casual inquiry, they will often say that they had been perfectly well, when, on further questioning, they will admit that they had been far otherwise. In soliciting information from patients respecting their maladies, I am also aware that the inquirer is apt to put questions which are calculated to elicit partial information, and such as may be favourable to certain preconceived views. This error I have also endeavoured to guard against in taking the histories of the cases from which this table is constructed, and I have sought to obtain the real facts connected with them, without being influenced by any particular bias. Indeed, when I commenced these inquiries, I had none whatever; and any opinions I may now entertain on the subject of uterine diseases, have entirely resulted from a consideration of facts which have come under my observation. Some of these I have endeavoured to analyse and embody in the subjoined table, in the hope that they may serve to throw some additional light upon the pathology and early history of uterine disorders. I have selected a hundred cases, because that number appeared to me to be sufficient to form a basis for comparison. I could have extended the number, but it did not appear to me that my object would have been materially advanced by doing so.

¹ BRODIE, Sir B., *Diseases of the Joints*, p. 25. *Fifth Edition*.

Name.	Age	Uterine Disorder.	Antecedents.	Concomitants.
E. S.	69	Carcinoma, metrorrhagia	Long continued mental anxiety, dyspeptic symptoms, nervous derangement.	Gastro-hepatic and intestinal disorder, asthenia
I. O.	21	Dysmenorrhœa, leucorrhœa	General ill health, nervous depression & weakness, dyspeptic symptoms	Dyspepsia, with marked hepatic and intestinal derangement
C. G.	40	Carcinoma, metrorrhagia	Severe trouble, mental uneasiness, marked dyspepsia, nervous prostration.	Anæmia in a marked form, with gastro-intestinal disorder
H. P.	45	Hysteralgia	Mental anxiety and trouble, dyspepsia, and gastrodynia	Well-marked dyspeptic symptoms, and spinal irritation
S. S.	39	Metrorrhagia abortus	Great ment. uneasiness, agitation, dyspeptic symp.	Anæmia and derangement of digestive organs
S. C.	25	Leucorrhœa, dysmenorrhœa	Over fatigue, disturbed sleep, nervous prostration, dyspepsia	Anæmia, spinal irritation, hysteria, dyspeptic symptoms
M. L.	17	Leucorrhœa	Weakness, nerv. prost., and dyspeptic symptoms	Anæmia, gastro-hepatic derangement
E. S.	25	Profuse leucorrhœa, dysmenorrhœa	Much mental uneasiness, languor, and general weakness, dyspept. sympt.	Anæmia and general derangement of the digestive system
S. G.	38	Hysteralgia, leucorrhœa, dysmenorrhœa	Mental uneasiness, dyspeptic sympts., gen. weakness, ill health, rheumat.	Anæmia, gastro-intestinal derangement, nervous headaches
A. W.	34	Leucorrhœa	Bad health generally, dyspepsia	Nervous debility and dyspepsia
M. S.	49	Metrorrhagia, carcinoma	Severe & long continued mental anxiety, dyspepsia	Anæmia, severe dyspepsia, spinal irritation
M. M.	36	Leucorrhœa	General weakness and ill health, dyspepsia	Anæmia, dyspept. symptoms, severe gastrodynia
M. C.	26	Leucorrhœa, menorrhagia	Derangement of the digestive organs.	Derangement of the digestive organs
J. W.	21	Leucorrhœa	Hæmorrhage post part., gastro-intestinal disorder	Anæmia, asthenia, gastro-intestinal disorder
C. W.	36	Leucorrhœa, menorrhagia	Long-continued dyspepsia.	General derangement of the digestive organs
E. S.	22	Hysteralgia, leucorrhœa	Dyspepsia, much intestinal derangement	Anæmia, spinal irritat., gastro-intestinal disorder
S. K.	25	Hysteralgia, irreg. menstruation, leucorrhœa	Weakness, nervous depression, and dyspepsia	Anæmia, disorder of the stomach and digestive organs
E. C.	23	Leucorrhœa, amenorrhœa	Over fatigue, physical exhaust., dyspeptic symp.	Anæmia, gen. debility, gastro-intestinal disorder
C. B.	33	Leucorrhœa, hysteralgia	Protracted suckling in the case of two children, dyspep. symps., weakness	Anæmia and severe dyspepsia
M. A. H.	31	Leucorrhœa	Bleeding and salivation for pleurisy, hæmorrhage post partum, dyspepsia	Well-marked anæmia, gastro-intestinal disorder
M. A. P.	24	Leucorrhœa	Anxiety, trouble, dyspep.	Anæmia, dyspepsia
R. L.	22	Amenorrhœa	Residence in a damp and unhealthy situation, gen. debility and dyspepsia	Anæmia, feverishness, dyspeptic derangement, bronchocele
E. E.	21	Metrorrhagia hysteralgia	Labour two months ago, the digestive organs subsequently disordered	Anæmia, marked disorder of the stomach and digestive organs
M. W.	36	Irritable uterus	Difficult labour, attended and followed for some time by hæmorrhage, extreme weakness, dyspeps.	Anæmia in a severe form, great derangement of the stomach and digestive organs

No.	Name.	Age	Uterine Disorder.	Antecedents.	Concomitants.
25	M.A.H	31	Leucorrhœa	General ill health and weakness, dyspepsia	Anæmia, disorder of the stomach & digestive orgs.
26	M.A.B.	15	Amenorrhœa	General weakness and nervous prostration	Well-marked anæmia, disord. stom. & digest. org.
27	E. M.	30	Leucorrhœa, hysteralgia	Several labours attended with much loss of blood, gen. weakness, prostration	Anæmia, dyspepsia, piles, and hæmatemesis
28	M.A.M	23	Leucorrhœa	Weakness, nervous symptoms, dyspepsia	Anæmia, considerable disorder of the stomach, and digestive organs
29	C. P.	30	Uterine hæmorrhage at the 7th month of preg.	Anxiety and uneasiness of mind, dyspeptic symptoms	Sickness and great disorder of the stomach and digestive organs
30	M. R.	17	Amenorrhœa	Weakness and dyspepsia, much disorder of the stomach and bowels	Anæmia, great disorder of the stomach and digestive organs generally
31	A. S.	40	Irregular menstruation and leucorrhœa	General ill health, prostration, disordered stomach and bowels	Anæmia, diarrhœa, much chylopoietic derangement
32	E. J.	44	Hysteralgia, leucorrhœa	A very severe illness, weakness, nervous symptoms, dyspepsia	Anæmia, asthenia, and dyspepsia
33	E. J.	51	Leucorrhœa	Much trouble & anxiety, bad living, tongue long disordered	Weakness, dyspepsia, nervousness
34	E. K.	44	Metrorrhagia	Severe attack of cholera, subsequently pregnancy, attended with much weakness and gastro-intestinal disorder	Extreme anæmia, marked disorder of the stomach and digestive organs, nervous symptoms
35	S. Y.	50	Leucorrhœa	Much anxiety of mind, dyspepsia	Bad gen. health, disordered stomach, nervous symptoms, rheumatism
36	E. W.	25	Hysteralgia, leucorrhœa	Weakness, languor and nervousness, bad health, much disorder of stomach and bowels	Anæmia, great disorder of the stomach and digestive organs
37	S. M.	30	Hysteralgia, leucorrhœa	Mental anxiety, over fatigue, languor, weakness, and depression	Anæmia, disorder of stomach and digestive organs, spinal irritation
38	M. M.	21	Scanty menstruation, leucorrhœa	Bad general health, nervous symptoms, weakness, bad morning tongue	Anæmia, disorder of stomach and digestive organs
39	S. S.	20	Leucorrhœa	Weakness, nervous symptoms, dyspepsia	Anæmia, disord. stom., and digestive organs
40	E. M.	27	Hysteralgia, leucorrhœa	Dyspepsia	Anæmia, disord. stom., and digestive organs
41	M. T.	25	Leucorrhœa	Rheumatic complaints	Anæmia, rheumatism
42	J. S.	35	Hæmorrhage post partum	Mental excitement, rheumatism	Anæmia, and rheumatism
43	A. D.	40	Suppres. mens., hysteralgia, leucorrhœa	Acute disorder of stomach and digestive organs prior to menstruation	Great derangement of the stomach and digestive organs
44	M. S.	37	Hysteralgia, leucorrhœa	Weakness, nervous symptoms, and dyspepsia	Anæmia, disorder of stomach & digest. organs
45	J. J.	38	Suppres. mensium	Irregular menstruation, four very difficult labours, each attended with considerable flooding, mental anxiety, and indigestion	Anæmia, much disorder of the stomach and digestive organs

Name.	Age	Uterine Disorder.	Antecedents.	Concomitants.
A. B.	18	Suppressio mensium	Irregular menstruation, general weakness and prostration, dyspepsia	Anæmia, much disorder of the stomach and digestive organs
M. A. N.	18	Amenorrhœa, leucorrhœa, hysteralgia	Always had indifferent health, had small-pox at 12, has never been well since; weakness, and a bad tongue on awaking	Anæmia, great disorder of the stomach and digestive organs
M. C.	53	Leucorrhœa	Dyspeptic symptoms, rheumatic attacks, weakness, and gen. ill health	Anæmia, disorder of digestive organs, rheumatism
M. B.	21	Menorrhagia	Disorder of the stomach & digest. organs brought on by sea-sickness	Very great disorder of the stomach and digestive organs generally
J. V.	38	Metrorrhagia, fibrous enlarge- ment of uterus reach- ing to umbilicus	Considerable mental anxiety, constitutional weakness, occasioned by cholera, dyspeptic symp.	Marked anæmia, disorder of stomach and digestive organs
S. W.	34	Hysteralgia, dysmenorrhœa, leucorrhœa	Protracted suckling, weakness, dyspepsia	Anæmia, disorder of stomach and digestive organs
M. A.	32	Hysteralgia, menorrhagia, leucorrhœa	Bad general health, weakness, dyspepsia	Anæmia, disorder of the digestive organs generally, spinal irritation
M. A. W.	23	Hysteralgia, suppress. mens., leucorrhœa	Protracted suckling, general weakness and prostration, dyspeptic symptoms	Anæmia, much disorder of the digestive organs generally
E. L.	25	Hysteralgia, dysmenorrhœa, leucorrhœa	Much mental anxiety, bad general health, weakness, and dyspepsia	Anæmia, disordered stomach and digestive organs, spinal irritation
A. H.	38	Irreg. menstruation, profuse leucorrhœa	Anxiety and trouble	Anæmia, general weakness and prostration, disorder of digestive organs
J. T.	38	Irregular menstruation, profuse leucorrhœa	Mental uneasiness, long residence in a tropical climate, general prostration, and dyspepsia	Marked anæmia, and great disorder of the digestive organs
P. W.	35	Hysteralgia	Mental uneasiness, much disorder of the stomach and bowels	Asthénia, depression, great disorder of stomach & digest. organs., spinal irrit.
C. W.	31	Hysteralgia, dysmenorrhœa, leucorrhœa	Mental anxiety and trouble, five very difficult labours, preceded by much disorder of digest. organs	Anæmia, spinal irritation, great disorder of the digestive organs
E. S.	23	Irregular menstruation, leucorrhœa	Never had good health, menstruated at 18, previously to which, and subsequently, the digestive organs have been disordered; 16 months ago was much frightened, uterine ailments have been much aggravated since	Anæmia, dyspeptic symptoms, intestinal disorder, spinal irritation
S. M.	20	Hysteralgia, irreg. menstr., leucorrhœa	Anxiety and mental excitement, dyspeptic symptoms	Anæmia, disordered stomach and digestive organs, spinal irritation
S. H.	32	Metrorrhagia, miscarriage	Anxiety, dyspeptic symptoms, weakness, and nervous depression	Anæmia, disorder of the digestive organs

No.	Name.	Age	Uterine Disorder.	Antecedents.	Concomitants.
62	M.A.H	30	Dysmenorrhœa, leucorrhœa	Bad general health, depression, dyspepsia	Anæmia, disor. of dig. orgs., gen. weakness and depress., spinal irritation
63	R. G.	24	Metrorrhagia	Two months after labour, attended and preceded by much mental anxiety, dyspepsia	Anæmia, disorder of the digestive organs
64	L. F.	36	Hysteralgia, dysmenorrhœa, leucorrhœa	General health very bad, anxiety & trouble, dyspepsia, weakness, depression	Anæmia, disorder of digestive organs, spinal irritation
65	M.A.B.	17	Amenorrhœa	Bad health, anxiety, great fatigue, dyspepsia, weakness, and depression	Great disorder of digestive system, intense anæmia, nervous symptoms, and spinal irritation
66	E. M.	21	Hysteralgia, leucorrhœa	Weak, low, and generally out of health	Anæmia, disorder of digest. organs, & spinal irrit.
67	A. B.	36	Irregular and painful menstruation	Bad general health, anxiety & trouble, weakness and depression	Anæmia, great derangement of the digestive organs, and prostration
68	S. W.	27	Profuse leucorrhœa and dysmenorrhœa	Very bad health, dyspepsia	Anæmia, dyspepsia, dysuria
69	E. P.	28	Menorrhagia, leucorrhœa	Great weakness & very bad health, anxiety of mind and dyspepsia	Anæmia, disorder of digestive organs, spinal irritation
70	M. N.	43	Hysteralgia, dysmenorrhœa	Very bad health, much ment. anxiety, dyspepsia, very difficult labour	Anæmia, disorder of digestive organs, spinal irritation
71	E. E.	27	Hysteralgia, irreg. menstrua., leucorrhœa	Weakness and depression	Anæmia, disorder of digestive organs
72	S. W.	45	Hysteralgia, leucorrhœa	Great anxiety, very bad health, and severe labour	Anæmia, disorder of digest. organs, spinal irrit.
73	S. N.	26	Hysteralgia, irreg. menstrua., dysmenorrhœa	Bad health, dyspepsia	Anæmia and disorder of the digestive organs
74	S. W.	33	Hysteralgia, profuse leucorrhœa, dysmenorrhœa	Great mental anxiety, hæmorrhages after labours, general prostration	Anæmia, disorder of digestive organs, spinal irritation, hysteria
75	E. N.	28	Hysteralgia, dysmenorrhœa	Much anxiety, bad health, dyspepsia	Anæmia, disorder of digest. organs, spinal irrit.
76	A. A.	23	Amenorrhœa	Weakness, gen. deprsn. disorder of digest. organs	Anæmia, marked disorder of digestive organs
77	J. C.	29	Profuse leucorrhœa, dysmenor.	Excessive fatigue, depression, and dyspepsia	Anæmia, disorder of digestive organs
78	E. H.	26	Hysteralgia, irreg. menstrua., profuse leucor.	Bad general health	Anæmia, asthenia, disorder of digestive organs
79	M.A.H	37	Hysteralgia, fibrous enlargement of cervix	Mental anxiety, weakness, and depression	Anæmia, dyspepsia, spinal irritation
80	C. G.	27	Irreg. & painful menstruation, leucorrhœa	Very bad health, weakness, and gastric disorder	Anæmia, derangement of digestive organs very marked
81	S. H.		Scanty & painful menstrua., profuse leucorrhœa	Scrofulous disease, general prostration	Anæmia, gastrodynia, and dyspepsia
82	E. H.	17	Amenorrhœa	Weak, nervous, and generally out of health	Anæmia, disorder of digestive organs

Name.	Age	Uterine Disorder.	Antecedents.	Concomitants.
E. A.	31	Irregular menstruation, hysteralgia, leucorrhœa	Over fatigue, mental agitation, dyspepsia	Derangement of the digestive organs
L. C.	43	Hysteralgia, dysmenorrhœa	Mental anxiety, hysteria, dyspepsia, weakness	Anæmia, hysteria, dyspepsia, spinal irritation
S. D.	27	Leucorrhœa	Bad health, weakness, and dyspepsia	Anæmia, disorder of the digestive organs
M.A.H	26	Scanty & painful menstruation	Bad health	Anæmia, marked dyspepsia
S. S.	35	Irreg. & painful menstruation, leucorrhœa	Bad health, weakness, and nervous symptoms	Anæmia, disorder of digestive organs, nervous symptoms
M. G.	37	Hysteralgia, dysmenorrhœa, leucorrhœa	Weakness, depression, and gastric disorder	Anæmia, and derangement of digestive organs
M.A.B	34	Hysteralgia, leucorrhœa	Severe labour, preceded by bad health and gastric disorder	Asthénia, general disorder of digestive organs
M.A.B	34	Profuse and persistent menorrhagia, recurring frequently for years, fibrous enlargement of the neck and body of the uterus	Long continued derangement of the stomach and digestive organs; severe flooding after labour	Anæmia, considerable disorder of the stomach and digestive organs, nervous symptoms
J. K.	18	Irregular, scanty, and painful menstruation	Bad health, and derangement of digestive organs	Anæmia, nervous symptoms, and great disorder of digestive organs.
E. W.	25	Dysmenorrhœa, profuse leucorrhœa	Bad health, depression, dyspepsia	Anæmia, nervous symptoms, and disorder of digestive organs
A. E.	23	Dysmenorrhœa,	Bad health, dyspepsia	Anæmia, dyspept. symptoms, spinal irritation
M.S.R.	40	Metrorrhagia, fibrous enlargm. of neck and body of the uterus	Mental anxiety, weakness and depression, long continued disorder of digestive organs	Anæmia, great derangement of the stomach and digestive organs
E. J.	30	Irregular and often excessive menstruation, leucorrhœa	Much mental uneasiness, impaired general health, dyspeptic symptoms	Anæmia, depression, disorder of digestive organs
J. J.	24	Dysmenorrhœa, leucorrhœa	Weakness and bad health, dyspepsia	Anæmia, dyspepsia
J. I.	26	Hysteralgia, dysmenorrhœa, leucorrhœa	Bad health and debility, depression, dyspepsia, & nervous symptoms	Anæmia, dyspepsia, and nervous symptoms
M. O.	26	Irregular and very scanty menstruation	Mental uneasiness, occasioned by leaving home, weakness and nervous symptoms, dyspepsia	Intense anæmia, marked disorder of the stomach and digestive organs
M.F.S.	19	Metrorrhagia, leucorrhœa	Weakness, nervous symptoms, dyspepsia	Anæmia, very marked derangem. of digest. org.
M.E.B	27	Menorrhagia and severe leucorrhœa	Previous miscarriage, long continued derangement of digestive organs	Anæmia, and very severe derangement of digestive organs

On analysing this table, it will be found to comprehend thirty-seven cases in which the uterus was morbidly irritable; fifty-two cases of disordered menstruation; sixty-five of leucorrhœa; and seven of organic disease. These affections were variously blended in different cases; and, upon the whole, it may be said to be rare for any uterine disorder to be met with in a perfectly isolated form. Irritable affections, for instance, are generally associated with either menstrual or leucorrhœal disorders. Menstrual disorders seldom occur without leucorrhœal discharges, or some other kind of uterine derangement; whilst leucorrhœa is so frequent a concomitant of all morbid conditions of the uterine organs, whether functional or organic, that it can scarcely be regarded in the light of an idiopathic disease. With regard again to antecedents, the table points to the fact, that in nearly all the cases some derangement of the general health preceded the uterine disorder. The occurrence of languor, weakness, and depression, would show that there had been antecedent disturbance of the nervous system. The digestive organs must have been disordered in the majority of these cases, whilst the symptoms referable to the nervous and muscular systems would tend to show that there was probably some abnormal condition of the circulating fluid. In looking to the concomitant affections, again we observe that a disordered condition of the chylopoietic organs is very frequently, if not invariably, met with; that anæmia presents itself concurrently with uterine derangement in a large proportion of such cases, amounting to nine-tenths of those which are contained in the table. Spinal irritation was met with in thirty-six cases out of the hundred, and would appear to have important relations to uterine disease. The general inference, then, deducible from these facts, is, that uterine disorder is for the most part preceded by constitutional derangement, and that this is more especially referable to the nervous system, the digestive organs, and the blood; and that various morbid conditions in respect of these present themselves, either as complications or concomitants of most uterine affections.

But let it be understood, that however uterine disorder has arisen, it may continue long after the exciting causes shall have passed away: it may assume the character and importance of an idiopathic affection; and, as such, be the cause of various secondary disorders. A healthy female, for instance, receives a severe fright during menstruation, which is immediately followed by suppression, and this may continue for some time, even for months: here the disturbing cause was evidently mental, momentary, and transient,—not so the effect; and this, so long as it continues, may be a source of embarrassment to the constitution, and the immediate cause of secondary disease of other organs.

ich again, by reacting upon the uterus, would tend to perpetuate or maintain a state of irritation which is unfavourable to the return of healthy functional action. But in other cases, uterine derangement originates in causes of a more permanent nature, as in the instance of disorder of the chylipoietic organs; which, whilst on the one hand a prolific cause of it, is on the other, often a persistent malady,—often continuing for years, and that, too, in despite of every available mode of treatment. Now, should the uterine organs fall into a state of irritation or disorder, as a consequence of this, it must follow that such irritation or disorder will be equally protracted and difficult of cure:—nay more, peculiar disease will sooner or later supervene upon such irritative disorder, and thus increase the difficulties of the case, independently of being aggravated and perpetuated by the continuance of its original cause. These circumstances show the necessity of regarding uterine diseases in a comprehensive manner; but they do not militate against the correctness of the views which I have ventured to express, and which I shall now proceed to illustrate.

THE ORIGIN OF UTERINE DISEASE FROM DISTURBED STATES OF THE NERVOUS SYSTEM must be generally admitted, and every practitioner must be cognisant of cases in which it has arisen from such causes. Where mental emotion, shock, or affliction, will, it is well known, give rise to painful uterine affections, to interrupted, excessive, or irregular menstruation, miscarriage, or premature labour; and if such consequences follow such causes, it is reasonable to conclude that causes of a similar but less violent nature will equally give rise to slighter but no certain deviations from normal uterine action. This, indeed, is in many instances the case, and many instances of uterine disease may be traced to the continued influence of grief, anxiety, and other uneasy states of mind. But the nervous system may be disturbed in many other ways, by various pursuits, by residence in an unhealthy situation, by insufficiency of food, over fatigue, and other physical causes, which tend to depress the constitution and lower the tone of the nervous system. Under these circumstances also the uterine organs may suffer; for in whatever way the nervous influence is withheld, whether from defective or irregular supply, such parts being inadequately supplied with nervous energy, will either take on irregular actions, or become morbidly susceptible to disturbing influences.

The recent researches of Dr. Robert Lee, in regard to the nerves and ganglia of the uterus, are of extreme interest in a practical point of view, as tending not only to show how great is the amount of nervous energy possessed by that organ, but as serving to explain the

cause of that intimate sympathy which exists between it and other organs of the body, a circumstance upon which so much of its physiological as well as pathological conditions depend. It would not be inconsistent with the views of modern physiologists to attribute to those ganglia and nerves important bearings upon the subject of uterine pathology, regarding them as we must as nervous centres, which, under the influence of certain stimuli, give rise to corresponding actions, either conducive to health or disease, according to the character of the impressions which are received. Thus, in speaking of the nervous ganglia generally, a recent writer observes, "that they are nervous centres, which probably receive through afferent fibres impressions of which we are unconscious, and reflect these impressional stimuli upon afferent motor fibres; that perhaps motorial stimuli emanate from them; the movements excited by, or through the ganglia, being always involuntary, and affecting chiefly the muscular parts of the viscera, the sanguiferous, and perhaps absorbent vessels. and that in fine, the chief purpose served by the ganglia and ganglionic nerve fibres, is to govern the involuntary, and, for the most part, imperceptible movements of nutrition, so far at least as these movements are not dependent upon the brain and spinal cord."¹

Consistently with these views, then, it may be assumed, that so long as the uterine ganglia receive, through afferent fibres, impressions of a normal character, so long will normal ganglionic actions ensue, giving rise to healthy uterine action, both in regard to function and structure; whilst on the other hand, impressions of an abnormal character will excite ganglionic actions equally subversive of both. The *modus operandi*, then, of disturbed states of the nervous system, irritative conditions of the nervous centres, and disorders of remote organs, in the causation of uterine disease, is either by the uterine ganglia participating in such states of disorder, or receiving impressions which tend to morbid actions. Regarded, then, in this point of view, we cannot be surprised that the majority of causes which tend to uterine disturbance should have a constitutional rather than a local origin; for whatever impressions are made upon the body,—whether through the mind or otherwise, which are capable of being reflected upon the uterine ganglia, and are calculated to excite morbid actions, are so many ways in which uterine disorder or disease may be induced. Examples of this occur in all uneasy states of mind, in irritative disorder of organs with which the uterus has sympathetic relations, and in abnormal conditions of the blood; and if it is the case that uterine

¹ QUAIN'S Anatomy; Edited by Dr. Sharpey and Mr. Quain, p. cccxiii.

urbance most frequently arises from such causes, it cannot be expected that it should cease, so long as the conditions upon which it ends continue.

In connexion with the nervous system, there is no subject of greater interest or importance than the influence of the mind, or rather of easy or emotional states of mind, in giving rise to uterine derangements; and there is none which it is more necessary to study and appreciate fully in all its bearings. In regard to pregnant women, the effect of sudden or severe emotion has been often of a very serious nature; such as the death of the *fœtus in utero*, many alarming sensations, and abortion, miscarriage, or premature labour, according to the period of pregnancy. Should the child's life be spared, it has been born deformed, idiotic, maimed, or disfigured, whilst parturition itself has been seriously compromised. These circumstances are, however, well known to the profession, and need not be illustrated by any particular instances. But the effect of severe mental emotion upon a non-pregnant female is often equally serious, although less frequently observed; and there is scarcely a functional disorder of the uterus which may not, and has not been, occasioned by it. Thus Delocque reports that sixty-two women were attacked with uterine hemorrhage, or suppressions, upon the occasion of the explosion of a powder magazine of Grenelle. M. Husson gives the case of a man who, at several different times, was attacked with menstrual depressions under the influence of claps of thunder. M. Colombat observed, in July 1830, that the reports arising from the platoon firing of cannon shot produced the same effect in several women. He also states, that a relation, whose menstruation was ordinarily very regular and abundant, was attacked with a sudden suppression, in consequence of a frightful dream, a kind of nightmare. With regard to menorrhagia, again, it is well known, that all circumstances capable of imparting a sudden shock to the enervation, such as joy, grief, anger, fright, have been its causes: and M. Alibert relates the case of a female who, whenever she gave way to transports of passion, was attacked with violent hæmorrhage from the uterus (see Meigs *on the Diseases of females*). I have myself reported cases in which hystericalgia arose from a sudden fright.

But the influence of less violent perturbations of mind, of anxiety, of grief, affliction, etc., although productive of less marked results, is equally the cause of many uterine maladies; and although such states of mind in themselves do not admit of a direct cure by medicine, it is yet possible to do much by studying the nature, order, and influence of the morbid actions to which they give rise. In some

cases of this kind, the uterine organs would appear to receive a direct impression from the brain of a disturbing character, and uterine derangement to follow, without the intervention of any other organ or agency; and this is especially the case in the instance of sudden shock or emotion. But in other instances, and more particularly where the mental affection has been of a less violent nature, it would seem that other organs were disturbed, either concurrently with the uterus, or altogether independently; and the consequences differ accordingly. In the first of these cases, it will generally happen, that the uterine disorder, and that concurrently produced, will reciprocally react upon one another; and this reciprocal reaction, while it gives increased intensity and persistency to each, will at the same time disturb the constitution in a proportionate degree. In the second case, where the mental uneasiness, etc., is principally or entirely reflected upon some organ, it will often happen that the disorder thus produced will become the immediate cause of uterine derangement, either by a sympathetic or reflected operation; and in this respect it has appeared to me, from many facts which have come under my observation, that the spinal cord, or rather its ganglia, have important relations to uterine pathology;—spinal irritation being, as I believe, a frequent consequence of mental uneasiness, shock, or emotion, and at the same time, when so produced, a frequent cause of uterine disturbance; and it is to spinal irritation thus induced and productive of uterine disorder that I would more particularly wish to draw attention in the first place, as exemplifying in one form the relations which exist between uterine and constitutional disorder.

The existence of spinal irritation as a distinct and idiopathic affection, whether dependent upon mental or other causes, has been altogether denied by some writers, while it has been doubted by others. In speaking of it, Dr. Abercrombie remarks, that “it may be doubted whether it conveys any definite notion, or whether it is not to be considered as a gratuitous principle assumed so as to answer to the phenomena, rather than deduced from observation”. But, with all the deference and respect which is due to so high an authority, it must be added, that the truth of the doctrine has been affirmed by many eminent practitioners, and so many facts have been accumulated in support of it, that it is impossible to doubt its reality, however difficult it may be of explanation. I shall, in the first place, state the grounds upon which I consider it entitled to be ranked as a distinct affection, and then those which point to its connexion with mental causes on the one hand, and uterine derangement on the other.

The subject of spinal irritation was first noticed by Mr. Pleyer, of

lmesbury, in the twelfth volume of the *Quarterly Journal of Science*; his attention would appear to have been first directed to it, from observing that the symptoms of spinal disease frequently resemble various and dissimilar maladies, and that commonly the function of any organ is impaired whose nerves originate near the seat of disorder. The occurrence of pain in distant parts particularly attracted attention, and induced frequent examinations of the spinal cord, the results of his investigations are given in the following words: "After some years' attention, I consider myself enabled to state, that a great number of diseases, morbid symptoms may be discovered at the origins of the nerves which proceed to the affected parts, or whose spinal branches which unite with them; and that if the spine is examined, more or less pain will commonly be felt by the patient on the application of pressure about or between those vertebræ from which such nerves emerge. If disease is confined to one side of the body, or one arm, or one leg, this tenderness will be felt on the *same side of the spine only*; but if central parts, or *both sides* of the body, or both arms or legs, are diseased, tenderness will be felt on *both sides* of the spine. This symptom has been found to attend various other affections. A spinal affection may, perhaps, be considered as the *consequence* of various diseases, but of its existence at their *commencement* any person may satisfy himself; and this circumstance, combined with the success which has attended the employment of topical applications to the tender parts about the vertebræ, appear to indicate that the *cause may be there*."

The correctness of these observations has been attested by many subsequent writers, and more particularly by Dr. Brown, Dr. Darrell, Mr. Teale, and the Messrs. Griffin, the latter of whom have given us the result of their investigations upon the subject in a work on the functional affections of the spinal cord and ganglionic system of nerves, which contains the most complete and elaborate account of the phenomena resulting from spinal irritation that has yet been published. More recently the matter has been treated of by Dr. Todd, in an article in the *Cyclopædia of Practical Medicine*, and has endeavoured to show that anatomy affords some support to the doctrine. He particularly insists that it is unfair to deny the previous existence of compression, or irritation of the spinal cord, or of the spinal nerves at their origins, because the anatomist cannot detect any evidence of disease after death; he points out that the spinal cord and the nerves which emerge from it, are surrounded by a venous anastomosis of remarkable complexity, that these veins do not possess valves, but that they communicate freely with the superficial veins and with the

numerous muscular veins in the region of the back; and from these anatomical considerations he infers, that such a degree of congestion or turgescence of this spinal venous plexus may easily occur as will excite irritation at the origins of the spinal nerves, and that such congestion may exist *ante mortem* without leaving any trace of it *post mortem*. These facts certainly meet many of the objections which present themselves to the reception of spinal irritation as a distinct pathological affection. For, if spinal congestion is so ready a consequence of irritation of the cord, the phenomena it presents, and its mode of causation, do not essentially differ from the usual consequences of irritative disorder of other organs. The doctrine of venous congestion, as explanatory of the phenomena of spinal irritation, further accords well with many pathological facts which have been observed in connexion with it. Thus it is most frequently met with in persons who are weak and anæmiated, in those whose general health has been impaired, and thus in those in whom the circulation must be languid and favourable to the occurrence of venous congestion. It is at the same time most successfully treated by measures which improve the health, the tone of the nervous system, and the vigour of the circulation.

But, notwithstanding these circumstances, there are many who deny the existence of spinal irritation as a distinct pathological affection, and regard it, when present, rather as an accident or a casualty than as an independent lesion; and it must be admitted that it is difficult to establish the affirmative of this question; first, because the exact nature of spinal irritation has not, as yet, been satisfactorily determined; and secondly, because *post-mortem* examinations have not hitherto thrown any light upon it. But these objections do not appear to me to be by any means fatal to the doctrine; for there are many diseases, and more especially of the nervous system, the reality of which cannot be doubted, the nature of which is yet obscure, and in regard to which *post-mortem* investigations have elucidated nothing. Let us look, for instance, to tetanus, hydrophobia, and some forms of epilepsy. This spinal affection, moreover, is admitted to be functional, to be one which does not lead to fatal consequences, and therefore one the nature of which cannot be determined by *post-mortem* inquiries. But admitting these difficulties, it may be replied, that the history of these cases, their symptoms, and more particularly the effect of remedies, point conclusively to the reality of spinal irritation as a distinct pathological condition. A female, perhaps in delicate health, receives a sudden fright or shock, which is followed, either immediately or remotely, by uterine symptoms. The spinal column is examined, and tenderness found in the lumbar or sacral region: possibly no other

organic lesion is discoverable: and in this case the application of a sinapism or of some other counter-irritant to the tender portion of the spine is followed by a cessation of the uterine symptoms, without any other kind of treatment. Here it must be obvious, that some state of the spinal cord existed, upon which the uterine malady depended, unless, indeed, such an occurrence were rare and accidental. But that it is not so, is proved by the frequency with which such cases are met with; and of which I subjoin the following as examples.

CASE. Mary Ann Davies, aged 20, a healthy young woman, rather more than eight months advanced in pregnancy, received a sudden fright, on the 18th September; labour pains came on shortly afterwards, and, at half-past two the next morning, she was safely delivered of a living child. She went on very well after her labour for the first twenty-four hours, but afterwards became feverish, her digestive organs disordered, and she was seized with severe pain in the uterus, which had continued for many hours persistently before I saw her. On examining the spine, there was well-marked tenderness in the lumbar and sacral region. A sinapism was directed to be applied to this part, and the uterine pain disappeared shortly afterwards. The only medicine given was an alterative dose of blue pill.

CASE. Ann Keane, aged 20, had nearly reached her full period of pregnancy, when she was frightened: no particular symptoms occurred for some days, but on the eighth day uterine hæmorrhage took place; this was not found on examination to be connected with placental presentation, nor had the labour apparently commenced. After continuing for six hours rather profusely, it ceased; and twenty-four hours afterwards labour came on, and she was in about eight hours safely delivered of a healthy child without any particular loss of blood. Some hours after this, she complained of much uterine uneasiness, and on examining the spine, it was found very tender in the sacral region. The uterine pain disappeared on applying a sinapism, and there appeared to be no other cause for it or the hæmorrhage than the irritable state of the spine.

CASE. Harriet Benjou, aged 19, applied at the Paddington Free Dispensary, suffering from amenorrhœa and leucorrhœa; the former was brought on by a fright, and since the suppression she had suffered from headache and nervous symptoms, with much derangement of the stomach and digestive organs. On examining the spine, there was decided tenderness in the lumbar and sacral regions; tartar emetic ointment was directed to be rubbed over the tender part, and, after four or five applications, a good deal of cutaneous irritation was produced, which was immediately followed by cessation of the leucorrhœa.

Mr. Teale, in his treatise on neuralgic diseases, gives several cases of an analogous though more general character, of which the following may be quoted.

CASE. Mr. L., aged 26, complained of a feeling of indisposition, having suffered for a few days from stiffness in the neck and pain at the back of the head, extending laterally to the ears and upwards over the back part of the scalp; he perspired much at night; felt languid and unable to attend to business; about four weeks before, he was exposed to wet and cold, and had ever since been affected with these symptoms. On pressing the spine, there was tenderness over the first cervical vertebra, but no pain was produced by firm pressure upon any other part of the spine. Leeches were applied to the neck; and it was stated that the pains in the scalp were immediately relieved on their application.

CASE. In another case, a lady, a week after her confinement, complained of pain in the head, occurring in the afternoons in a violent degree. It was described as a dull aching pain, principally seated in the occipital region, but extending from that part over the parietal bones; towards the temples, and in the neighbourhood of each ear, there was a small space more acutely painful than the rest. There were also pains darting over the scalp and along the upper part of the neck. She complained of violent pulsating sensations in the head, accompanied with distressing sounds, which she compared to the beating of hammers. Leeches had been applied to the temples, but without benefit; the spine was examined, and it was found extremely tender over the two upper cervical vertebræ. Leeches were applied to this spot, and it is reported that they gave immediate relief, and that no further return of the paroxysms was experienced.

Such cases as these are sufficiently simple, and for the most part require only that proper measures should be directed to the spine to effect a cure. But it more frequently happens that spinal irritation is met with in conjunction with disorder of some other organ, which equally tends to keep up uterine derangement, and thus equally requires to be looked for and corrected. In this respect, derangement of the digestive system is a very frequent concomitant, and would appear to have a similarity of origin in many instances. In this case, if the concomitant affection is not duly attended to, any measures directed to the spine will fail of their anticipated benefit. The following cases illustrate this connexion and the results of treatment.

CASE. Elizabeth Brown, aged 31, when about four months advanced in pregnancy, received a severe fright, which occasioned her almost to faint away. From the date of this occurrence, she began to feel many

uneasy feelings in the stomach and womb, such as she had never had before in any of her six previous pregnancies. At times her sensation was that of extreme distension of the abdomen, as if it would burst; at other times she felt severe uterine pains, with occasional forcing sensations extending to the hips, back, and thighs. The digestive organs were much disordered, the tongue was unpleasant on awaking of a morning, the appetite was uncertain, and the bowels were sometimes costive, and at other times relaxed. On examining the spine, there was well-marked tenderness over the sacral region; indeed, pressure here brought on pain in the uterus. She was directed to apply sinapisms daily to the region of the sacrum, and mild alteratives with aperients were prescribed. In little more than a week her uneasy feelings had all subsided, and there was every probability of her going on favourably with her pregnancy.

CASE. Margaret Nadauld was attended, October 1, 1850, suffering intense pain in the uterus and left iliac region. The pain was of a very excruciating character, was increased by the least pressure over the uterus externally, and the slightest touch of the cervix was attended with great suffering. There was a great deal of febrile disturbance, a quick pulse, hot skin, furred tongue, thirst, and disordered bowels. The lower part of the spine was extremely tender, and on pinching up the skin of the left iliac region, the patient evinced much suffering. The history of the case showed that it had originated in a fright, which the patient had had a few days before. She was directed to have a linseed-meal poultice applied over the hypogastrium, and a sinapism to the lower part of the spine. One grain of calomel, and one of Dover's powder, were to be taken every four hours, until three doses had been taken, and on the following morning as much castor oil as would insure a full action of the bowels. The next day, the symptoms were all abated; and, so far as the immediate attack was concerned, the patient considered herself to be convalescent.

CASE. Emma Portsmouth, aged 28, unmarried, applied at the Padington Free Dispensary under the following circumstances. She had been suffering from profuse and almost constant menorrhagia for a period of eight months, during which period, she had been scarcely a week free from some kind of sanguineous discharge from the uterus, and had very often passed clots of blood. At times she had severe uterine pain, and a sensation of bearing down with leucorrhœa, and back pain in the back. These symptoms had been preceded by general weakness and ill health, and much disorder of the stomach and digestive organs. She had also undergone a great deal of anxiety and trouble, to which she attributed her bad health and uterine maladies. When ad-

mitted, she was suffering from the consequences of anæmia in a severe form, very marked dyspeptic symptoms, and the lower part of the spine was exquisitely tender; there was almost constant metrorrhagia and leucorrhœa when this was absent. In the first instance, the treatment adopted was the exhibition of the acidulated muriated tincture of iron, with drachm doses of the solution of the bichloride of mercury; but as in a week she was not materially better, and as the tenderness of the spine was very marked, she was directed to rub the lower part of it freely with the tartar emetic ointment night and morning, until pustulation took place. In a week from this period she is reported to be much better, and I find the following entry: "Is much better, looking better, hæmorrhage less, tongue cleaner, appetite improved, leucorrhœa less, feels stronger." Three days afterwards the following entry was made: "Is much better; no hæmorrhage, leucorrhœa less, no uterine pain, reports that she has very much improved since pustulation has taken place over the spine." This patient entirely recovered under this mode of treatment, but it is unnecessary to give the particulars of the case any further.

CASE. Mary Johnstone was attended in November, 1850, suffering from much uterine pain, profuse leucorrhœa, and irregular menstruation. She had been out of health before any uterine symptoms had appeared. She had undergone much anxiety and trouble, the tongue was habitually dry and unpleasant, and she felt low, nervous, and depressed. She had been married two years, but had no children; there was extreme tenderness of the spine in the lumbar region, she was anæmiated, and her digestive organs were much disordered. The tartar emetic ointment was directed to be rubbed over the lower part of the spine night and morning, until pustulation took place, and she was ordered the acidulated muriated tincture of iron, with drachm doses of the solution of the bichloride of mercury three times a day. After pursuing this treatment for four weeks, she is reported to be perfectly well; to have no uterine pain or leucorrhœa, the tongue perfectly clean, and the digestive organs healthy. She especially mentioned, that the uterine pain and leucorrhœa ceased upon pustulation taking place over the tender part of the spine.

These cases appear to me to be sufficient to establish the truth of the doctrine for which I am contending; viz., that spinal irritation exists as an independent affection, and, as such, may be the cause of various secondary uterine disorders. In the first group of cases, we see it connected with symptoms which entirely disappear without any specific treatment, simply by attending to the morbid condition of the spinal cord. In the second, we find it coexisting with chylopoietic

disorders, and together with these the cause of various uterine maladies, which again disappear without special treatment, on correcting the spinal affection concurrently with the derangement of the chylopoietic viscera. But it may be supposed that I have attached too much importance to the spinal affection in this latter group, and too little to the gastrointestinal as a cause of uterine disorder; and with the view of meeting this remark, I subjoin two cases, in which every treatment that appeared to be indicated was adopted, and failed, until the spinal affection had been recognised and remedied.

CASE. Mrs. R. B., a lady of extremely nervous temperament, was attended by me in her second confinement on Dec. 12, 1841. The labour was comparatively easy, and over in a few hours: no unfavourable circumstance occurred either during or subsequently to it, and, up to the 18th December, her progress was as satisfactory as could be wished. She began then to suffer from nervous symptoms, her sleep was broken, her tongue and digestive organs were disturbed, and slight febrile symptoms showed themselves. She had also pain and uneasiness in the uterine and left iliac regions; not at first persistent, but rather recurring at intervals: pressure over these parts gave increased pain. Dr. Ferguson, who was consulted on account of these symptoms, attributed them to a mild attack of puerperal fever, observing that he considered that there was congestion of the left ovarian ligament. Eight leeches were applied to this part, and subsequently warm linseed poultices. At the same time, small doses of grey powder and Dover's powder were given at intervals of four or six hours. The local pain and uneasiness were relieved by these measures, and, upon the whole, the case appeared to be going on favourably: but after some days had elapsed, there was still a greater degree of irritability of the constitution observed than is usual, the pulse continued quick, and the digestive organs were still somewhat disordered. Part of these symptoms were attributed to her extremely nervous temperament, and we had every expectation of their subsiding; but instead of this, a week after the treatment had been commenced, we were surprised by a sudden return of all the uterine symptoms, in a severe form; with them the pulse rose, and there was much constitutional disturbance. The abdominal pain was very acute, and aggravated by the least pressure. The sudden return of these symptoms suggested a doubt as to their inflammatory nature, and this was strengthened by the result of my inquiries. It appeared that some weeks before her labour, she had lost a near relative, whose death affected her very painfully; from that time she became subject to uneasy feelings in the left side of the abdomen, and the return of the uterine symptoms appeared to have

been immediately caused by her seeing the monthly nurse fall while carrying her infant. The spinal column was examined, and there was extreme tenderness at the commencement of the lumbar vertebræ, and this was so intense that she completely started under the pressure of the finger. These circumstances were reported to Dr. Ferguson, who approved of topical counter-irritation over the tender part of the spine. Nothing but a sinapism was employed, but it succeeded in removing all her symptoms. The uterine pain subsided, as did also the constitutional disturbance, and she rapidly got well. She has since been twice confined, and on each occasion has done well.

CASE. Elizabeth Loughborough, aged 25, applied August 6th, 1850, suffering from anæmia and dyspeptic symptoms, together with leucorrhœa; she had acute pain at the epigastrium; the tongue was dry and furred, and her appetite was bad; she had also pain at the back of the head, and felt giddy and faint; she menstruated regularly, but with pain, and she suffered much from leucorrhœa. Her illness had been preceded by mental agitation, and to this she attributed it. For these symptoms she was, in the first place, treated with alterative doses of blue pill, at bed-time; with the citrate of iron, and sesquicarbonate of ammonia, during the day. At the end of a fortnight, she was not materially better, and still complained of severe pain at the epigastrium. The chlorate and nitrate of potass were now added to her mixture, and they were directed to be taken in effervescence with the citrate of iron. At the end of another week, she was still complaining of the epigastric pain; her digestive organs continued in a very irritable state, and upon the whole she was very little better. An examination was now made of the spine, and exactly corresponding horizontally with the pain at the epigastrium, it was found to be very tender upon pressure. The tartar emetic ointment was ordered to be rubbed over this portion of it, night and morning, until pustulation took place; no change was made in her medicines, and four days subsequently she reported herself to be very much better. The pain at the epigastrium was nearly gone, she felt generally stronger, and the leucorrhœa has almost ceased. From this time she rapidly improved, and was soon convalescent.

It appears to me impossible to reconcile the facts of these cases in any other way than by admitting the doctrine of spinal irritation as a distinct and independent affection; and although post-mortem investigations are wanting to inform us of the precise nature of the affection, the existence of some morbid condition of the cord or its ganglia, in such cases, is conclusively shown by the results of treatment. Nor is this doctrine by any means irreconcilable with well-established physio-

logical facts: it is now, I believe, generally admitted, that the spinal cord is to be regarded rather as a series of nervous centres than a single organ; that from these centres emanate the nervous actions of corresponding parts of the body; and that one or more of these ganglia may be disturbed irrespectively of others. Now in this latter case it will follow, that the disorder of any given portion of the medulla will be principally evinced by disorder in those organs or parts which are supplied with nerves from the particular parts or ganglia which are affected; for as a general rule, it is found that disease of the nervous centres is less indicated by morbid phenomena in the immediate seat of the disease than in those organs or parts to which the nerves arising from them are distributed. This is certainly so in regard to structural diseases of the spinal cord and brain; and in cases where the trunks of nerves have been compressed or disorganised, the effects are also less shown at the immediate seat of these lesions, than in those parts to which their filaments are distributed. In the more severe forms of disease, this principle, as observed by Mr. Teale, is readily admitted and recognised; and when, for instance, one half of the body shall have lost its sensibility, and the corresponding muscles their power of action, we look at once to the brain as the immediate seat of the disease. But in the slighter forms of disease of the brain and spinal cord, such as do not obliterate, but merely impair or pervert the functions of the nerves, this important principle, which is as strictly applicable here as in the former case, is too often entirely overlooked; and a numerous class of complaints are regarded as local affections, instead of being considered as actual diseases of that portion of the brain or spinal cord from which the nerves of the part are derived. I might support the correctness of these views by adducing numerous cases which would show how efficacious had been the effect of remedies directed to the spine, where treatment perseveringly addressed to the seat of pain or uneasiness had been altogether useless. But this would carry me beyond the scope and limits of the present paper.

In the next place, I have to consider how far spinal irritation is a consequence of mental uneasiness on the one hand, and the cause of uterine disorder on the other. On looking to the foregoing table, I find that thirty-six cases are referred to, in which uterine disease had been preceded by, and was apparently connected with mental causes; and of these it was found that spinal irritation existed in seventeen, in a decided manner; whilst in five only was it met with independently of such causes. It should be added, however, that it may have existed in a larger proportion than this. But as the majority of patients

were not so ill as to be confined to bed, the examination of the spine was generally made over their dress, and the result was consequently less accurate than could have been desired. To elucidate the point further, I have made the following analysis of twenty-six cases of spinal irritation, which occurred in connection with uterine disorder, giving their probable causes, and the nature of the concomitant affection.

Spinal Irritation.		
Case.	Antecedents.	Concomitant Uterine Malady.
1	Bad health, dyspepsia.	Dysmenorrhœa.
2	Anxiety, hysteria, dyspepsia, and weakness.	Hysteralgia, dysmenorrhœa.
3	Anxiety, asthenia.	Hysteralgia, fibrous tumours.
4	Anxiety, hæmorrhage post partum, great debility.	Hysteralgia, dysmenorrhœa, profuse leucorrhœa.
5	Anxiety, dyspepsia, bad health.	Hysteralgia, dysmenorrhœa.
6	Anxiety, bad health.	Hysteralgia, leucorrhœa.
7	Fright, general weakness.	Acute hysteralgia.
8	Mental emotion, delicate health, pregnancy.	Uterine and ovarian disease, simulating puerperal fever.
9	Mental uneasiness, dyspepsia, bad health.	Hysteralgia, dysmenorrhœa.
10	Anxiety, dyspepsia, bad health.	Menorrhagia, leucorrhœa.
11	Anxiety, bad health, extreme weakness.	Amenorrhœa.
12	Weakness, depression, and general ill health.	Hysteralgia, leucorrhœa.
13	Anxiety and trouble, bad health, weakness, depression, dyspepsia.	Hysteralgia, dysmenorrhœa, leucorrhœa.
14	Mental uneasiness, dyspepsia.	Hysteralgia.
15	Anxiety, dyspep., 5 difficult labours.	Hysteralgia, dysmenorr., leucorr.
16	Anxiety, bad health, dyspepsia.	Hysteralgia, menorrhagia, leucorr.
17	Bad health, weakness, dyspepsia.	Hysteralgia, menorrhagia, leucorr.
18	Weakness, depression, anxiety, and over fatigue.	Hysteralgia, leucorrhœa.
19	Dyspepsia, intestinal derangement.	Hysteralgia, leucorrhœa.
20	Bad general health, weakness.	Dysmenorrhœa, leucorrhœa.
21	Great mental anxiety, dyspepsia.	Carcinoma, metrorrhagia.
22	Mental anxiety, dyspepsia.	Hysteralgia.
23	Fright.	Hysteralgia, leucorr., dysmenorr.
24	Over fatigue, want of sleep, extreme debility, nervous symptoms.	Amenorrhœa.
25	General bad health, dyspepsia, fright.	Hysteralgia, leucorrhœa, irregular menstruation.
26	Mental trouble, excitement, dyspep.	Leucorr., irregular menstruation.

From this table it would appear, that of the twenty-six cases, twenty had been preceded by mental uneasiness, shock, fright, or agitation of some kind. This is a large proportion, but not larger than, I believe, really obtains in the instance of well marked cases of spinal irritation; and the conviction that such causes lead to this affection is so strong on my mind, that I would suggest a careful examination of the spine in

all cases where they have preceded uterine symptoms. That such states of mind should affect the medulla spinalis in the manner supposed, is rendered at least probable by what occurs in other cases. As the result of violent or sudden emotion, we know that the functions of the cord throughout may be disturbed; as is shown in the case of chorea, a disease especially of the spinal system, and of which the most frequent exciting cause is sudden fright. Some cases of epilepsy may also be referred to in support of this view; and if it is the fact that violent or sudden mental impressions should give rise to general disturbance of the spinal cord, it appears to me reasonable to conclude that less vivid impressions, such as various uneasy states of mind, should also affect it and give rise to irritation of a more subdued but more persistent character. The influence of such mental causes in tending to the production of functional disorders of the spinal cord, is further rendered probable by other considerations. Thus this affection is for the most part met with in weak, anæmiated, and delicate persons. Dr. Taylor, of Huddersfield, who has paid great attention to it, informs me, that it is his opinion that spinal irritation may arise from any cause which reduces the general strength, and that nothing more than this is necessary for its production. Regarded then in this point of view, mental uneasiness or anxiety would be quite adequate to account for it, by its depressing influence upon the constitution and the general health. Again, it has been conjectured by some who have investigated the subject, that the phenomena immediately depend upon congestion of the spinal venous plexus; a circumstance which would also be favoured by the causes in question, nothing being more calculated to depress the tone of the nervous system, or the vigour of the circulation, and thus to give rise to venous congestion, than continued anxiety or uneasiness of mind.

But, in the last place, the question occurs; If it be admitted that the causes in question can so affect the spinal cord as to give rise to functional disorder of it, can such disorder give rise to uterine derangement, as I have supposed and represented? To this question, I have no hesitation in giving an answer in the affirmative. The cases I have related point in their history to this conclusion, analogy is alike in favour of it, and it is impossible to reconcile the results of treatment with any other view. Nor do I think that any one who has carefully investigated the subject can arrive at any other conclusion. It is quite true, that we cannot always determine whether the uterine or the spinal affection has the priority, because we have not often the opportunity of investigating this point at a sufficiently early period of the

case ; but some who have had this opportunity, affirm that spinal irritation exists at least from the commencement of such cases. Thus Mr. Player remarks (*Quarterly Journal of Science*, vol. xii, p. 429):—“This spinal affection may perhaps be considered as the *consequence* of diseases ; but of its existence at their commencement any person may satisfy himself, and this circumstance, combined with the success which has attended the employment of topical applications to the tender parts about the vertebræ, appears to indicate that the *cause* of such diseases may exist there.”

Very similar views have been expressed by other writers upon this subject. In treating of it in a paper published in the *Midland Medical and Surgical Reporter*, for May 1829, Dr. Darwall enumerates many of the symptoms with which spinal irritation is attended, and observes, that the most common disturbance met with in connexion with it is in the uterine functions,—that he had scarcely seen an instance of it in which this had not occurred. Most commonly, he says, there is menorrhagia ; in some few cases the catamenia are diminished, or they are completely suppressed ; but whether they are increased or diminished, leucorrhœa almost invariably attends, and is generally more or less profuse, in proportion to the duration of the general disorder. When the catamenia are profuse, they are usually in the earlier part of the period dark-coloured and grumous. At p. 88 of his interesting work on neuralgic diseases, Mr. Teale gives the particulars of a case, in which considerable uterine disturbance coexisted with much derangement of the general health, and more particularly of the chylopoietic organs, in which the spine was tender throughout, and where treatment directed to this condition proved eminently successful. Dr. Griffin informs us, that painful affections of the uterus dependant upon irritation of the lumbar portion of the cord, are of much more frequent occurrence than any previously mentioned ; and he refers particularly to hysteralgic affections, to dysmenorrhœa, to menorrhagia, and amenorrhœa. Of dysmenorrhœa, he says, that patients subject to it are also very often the subjects of general irritation of the spine. Menorrhagia and amenorrhœa he describes as less doubtful results of this state, the former being exceedingly common. Mr. Burns, of Glasgow, has written a valuable paper on the subject of spinal irritation, and has especially drawn attention to the connexion which exists between sacral tenderness and painful conditions of the uterus and bladder ; and Mr. Tate has published a small volume on the coincidents of spinal tenderness with hysteria generally, and has given several cases illustrative of the benefit which has resulted from counter-irritation over the spine by means of the tartar emetic ointment.

With regard to the particular forms of uterine derangement which are met with in connexion with this affection, I find, on referring to the twenty-six cases which I have tabulated, that—

Hysteralgic affections occurred in 18	Amenorrhœa in 2
Dysmenorrhœa in 9	Leucorrhœa in 13
Menorrhagia in 4	Menstruation was irregular in .. 2

But these affections were variously associated in different individuals : a fact which of itself would point to their constitutional origin. The predominance of hysteralgia is very striking, and has been noticed in general terms by other writers. It also favours an opinion which I formerly ventured to express upon more general data, that impressions made upon the uterine organs, from or through the cerebro-spinal system, rather give rise to painful and uneasy uterine conditions, whilst those received from or through the medium of the ganglionic system of nerves, rather give rise to functional disorders of this organ in regard to nutrition and secretion. It is, however, necessary to bear in mind, that the causes of uterine disease are, for the most part, of a complex nature; that the cerebro-spinal and the ganglionic system of nerves are often concurrently disturbed, and that they thus reciprocally react upon the uterine organs, so as to give rise to very mixed and complex forms of derangement.

But spinal irritation, although I believe it to have important relations to uterine pathology, must not be supposed to constitute the sole medium by which nervous derangement is conducive to uterine disease; nor is it a consequence solely of such mental conditions as have been referred to. It may arise from depression of the general health, impoverished states of the blood, and various local irritations reflected upon the cord. And uterine disorder may arise altogether independently of spinal irritation or mental influences. Whatever indeed tends to depress, disturb, or to embarrass the actions of the nervous system, will either directly or remotely produce it. For it is an admitted axiom, that the healthy performance of every organic function is dependent in a great measure upon the integrity of this system, the due generation of nervous energy, and the proper distribution of this to the several organs of the body. But none are so liable to suffer from a defective or irregular distribution as the uterine;—for there are none which sympathize more largely with the constitution or the nervous system in its several physiological and pathological conditions. It is upon the uterine organs that all the impressions made upon the female organism, whether physical or mental, are either directly or indirectly reflected; and none are influenced so powerfully by the various affections and passions of

the mind. Can it then be doubted, that in the mental phenomena, or rather in painful and uneasy states of mind, whether emotional or intellectual, we have a powerful and frequently operative source of uterine derangement, which it is important to recognise and to appreciate?

Nor can it be denied, that there are circumstances of an extrinsic character, which bear closely upon the subject under consideration,—circumstances which are connected with the social condition of the female, which give force and intensity to the operation of causes which might otherwise be harmless. It cannot for instance be doubted, that in the restraints, the refinements, and the education to which the female constitution is subjected as society is constituted, there are to be found important elements tending to the causation of disease. No class or grade of society possesses an immunity from social evils, whatever may be its social advantages. The more developed is the mind, and the more refined are the feelings, the greater will be the susceptibility of both to the influence of disturbing causes, and these are to be met with to a prolific extent in the anxieties and cares, the troubles, the disappointments, and perturbations of mind to which each in his social capacity is subject, and from which no class is exempt. It is true that the troubles of one person are not exactly the troubles of another, nor do those of one grade of society correspond exactly with those of another; but upon the whole, the actual amount of good and evil, of suffering and enjoyment, is pretty equally distributed; and accordingly we observe a great similarity in the diseases which prevail among different classes of the community, however opposite may have been the stations of different individuals, and however different may have been the causes, whether physical or moral, which may have co-operated to produce them.

But it may further be affirmed, that the treatment of uterine diseases cannot be successfully carried out if these circumstances are disregarded, or if the relations which subsist between the nervous and the uterine systems, in their physiological and pathological conditions, are overlooked. Mental affections are not, of course, susceptible of direct cure by medicine, but the physical disorders they give rise to frequently are, if properly investigated and treated; and in this investigation, it is necessary to study attentively the order and sequence of the morbid actions which ensue. In this order and sequence, the affection of the spinal cord, which I have been considering, claims our especial attention, not only as forming an intermediate link between psychical and uterine affections, but as constituting, in many cases, a distinct pathological condition, calculated in itself to react injuriously

upon the uterine organs, and the removal of which is absolutely necessary for that of the uterine malady. The treatment, moreover, of this condition, is sufficiently simple and successful when properly recognised. It comprehends little more than regularly repeated friction over the spinal column; counter irritation, more or less active, over the tender portion, continued for longer or shorter periods, according to the persistency or acuteness of the spinal irritation; while in extreme cases, a few leeches may be usefully applied to the seat of irritation when this is very acute. These measures, together with moderate and regular daily exercise, attention to diet and regimen, and such general hygienic measures as are calculated to improve the general health, appear to me to comprehend all that is necessary for the cure of spinal irritation considered as an abstract affection. Some writers have recommended cupping and continued recumbency, but I have never met with a case in which the free abstraction of blood would have been justifiable; neither should I anticipate any benefit from continued recumbency. On the other hand, regular exercise has appeared to have been of the utmost service, and more especially when combined with change of air and scene, and such circumstances as operate agreeably on the mind.

The benefit which I have seen result in the treatment of uterine affections, connected with irritable states of the spine, from such simple measures as I have mentioned, leads me to regard the spinal affection as being in many cases an original lesion, and to differ from those who look upon it as being merely subordinate, or incidental to the uterine. And when writers speak of the derangements of the nervous system, of the various pains which are felt in the abdominal and pelvic viscera, of the sensations which are complained of in their neighbourhood, and point to remote disorders as the direct consequence of uterine irritation, and the symptoms by which uterine disease is denoted, I would venture to inquire whether they are not sometimes confounding with the uterine affection one which in its nature and origin is perfectly distinct? I am, I confess, led to adopt the affirmative of this question, when I find that the history of these cases points in nearly all to an antecedent disturbance of the nervous system; and I am strengthened in this view, when I observe the symptoms of uterine disease in some cases to disappear without any specific treatment, by simply directing remedies to the spinal cord and the nervous system generally. On the other hand, I am not induced to relinquish this opinion on finding that such measures sometimes fail of their intended object, because I know that the causes of spinal irritation are at the same time those of various associated disorders of other organs, which,

together with that of the spinal cord, originate and maintain a state of uterine irritation and disorder. But I am above all convinced of the truth of the position which I have assumed, when I meet with cases in which these affections have co-existed with uterine derangement, and have been supposed to be dependent upon it, and where, conformably with this view, it has been sought to remedy them by the constant, repeated, and persistent, but unsuccessful employment of measures specifically directed to the uterine organs, for periods varying from one to two years, and this, too, by practitioners of authority and eminence.

In the preceding observations, I have treated more particularly of the influence of derangement of the cerebro-spinal portion of the nervous system upon the uterine organs, as exemplifying one form of the relations which subsist between uterine and constitutional disorder. I referred more especially to spinal irritation, as a consequence of certain mental affections on the one hand, and the cause of uterine disease on the other, and I have adduced several facts and cases in support of the opinions which I ventured to express. I shall now proceed to treat of morbid conditions of the sympathetic or ganglionic portion of the nervous system, as connected with the question under consideration, and, in so doing, will select the subject of chylopoietic disorder, as being calculated to illustrate best the nature, the extent, and the importance of the subject in connexion with uterine pathology.

But in speaking of chylopoietic disorder, it may be necessary to premise, that the term admits of a more extended and somewhat different signification to that which is ordinarily attached to it. We speak, for instance, of indigestion, dyspepsia, bilious disorders, disorder of the digestive organs, etc., as implying some derangement of the stomach, liver, or other portion of the alimentary canal, whilst in reality it is often the case that these affections are but the manifestations of a more deep-seated disorder, one involving either the nervous system at large, or the ganglionic portion in particular. For just as it is true that various local disorders of parts, which are supplied with nerves from the cerebro-spinal axis, depend upon irritation or disease of the cerebral or spinal ganglia, so is it true that many functional affections of the stomach, liver, and intestines, and of other organs, whose nerves are derived from the sympathetic, depend primarily upon irritation, or disease of the ganglia of this portion of the nervous system. It is probable, indeed, that it is from impressions made upon these ganglia that the digestive organs participate so largely in morbid states of the constitution, and have hence been regarded as the centre of sympathy. That it is upon these ganglia that all mental and emotional

stimuli immediately operate; and that it is these which are primarily influenced by abnormal conditions of the blood. The impressions so made are doubtless soon followed by various functional disorders of the chylopoietic viscera; but these are, in many cases, rather symptomatic of disease of the ganglia, than diseases of the viscera themselves.

But however regarded, there is no system of organs which is so liable to disorder as the digestive, whether from the operation of causes which are directly applied to them—constitutional derangement, mental affections, or sympathy; and there is none, the disorders of which react so injuriously upon the constitution at large, or the uterine organs in particular. There are few instances of uterine disease which are not attended with some form of chylopoietic disorder, either as a cause, a consequence, or an accidental complication; and upon this association of morbid actions, or rather upon the reciprocal influence which the disorders of one organ exercise upon those of the other, may be said to depend much of the difficulty which attends the treatment of uterine diseases. On looking to the table published in the preceding part of this inquiry, it will be found, that digestive disorder was an almost invariable concomitant in the cases referred to; that in by far the larger number it had existed as an antecedent; whilst the history and results of treatment, which will hereafter be alluded to, tend to show that this antecedence was not merely casual, but that the chylopoietic disorder was generally the cause of the uterine. On these grounds, then, alone, the disorders in question demand a careful consideration, in connexion with the present inquiry, inasmuch as they must have important relations to the pathology of uterine diseases.

And if, in the first place, it be asked, what are the circumstances in which such disorders arise? It may be replied, that they are referrible to two principal sources; the one comprehending all such causes which, applied to the *surface of the gastro-intestinal mucous membrane*, are calculated to produce irritation or disorder, such as those connected with errors and irregularities of diet, and the presence of rude, unhealthy, or undigested matters in the primæ viæ; the other, various constitutional causes, referrible to the blood, the nervous system generally, or particular organs or parts, or such states of mind as are calculated to act unfavourably upon the *ganglia of the sympathetic*, which more immediately preside over the functions of these viscera.

Thus, whenever the constitutional powers are greatly depressed, or the body is enfeebled, either from disease, want, privation, mental, or any other causes, it will follow, that the stomach and digestive organs, participating in this general weakness or depression, will become mor-

bidly susceptible, and thus readily disordered, either spontaneously, or through the operation of some trivial disturbing cause.

But in other cases, and when no such general weakness or depression exists, the digestive organs may become deranged, from various local irritations or diseases in remote parts of the body, and this in conformity with a principle which will hereafter be referred to. Thus we observe in all the affections of important organs, such as the brain, lungs, heart, kidneys, uterus, etc., that the stomach becomes sympathetically disordered, and such disorder the cause of various secondary diseases; but such consequences are not confined to the more important organs of the body alone, for irritation wherever existing, however trivial in degree, or however apparently unimportant the part, may, under certain circumstances, also affect the stomach and digestive organs; and here, as in the former case, the affection thus secondarily produced will again react upon the constitution, as well as on particular parts, variously disturbing the former, and leading to divers local diseases in regard to the latter.

Thus it happens that in persons who inherit a feeble constitution, or in whom it has been acquired, whose nervous system is naturally irritable, or has been rendered so by any causes whatsoever, who have been the subjects of severe disease, who have been addicted to irregularities of diet, whose health has suffered from a residence in tropical climates, from sedentary pursuits, intense study, privation, or anxiety, and in those in whom the blood is impoverished or deteriorated, the digestive organs become morbidly susceptible, and are thus readily disordered.

Now, in this general enumeration of the circumstances in which chylipoietic disorders arise, it will be found that nearly all of them apply with particular force to the habits and constitution of the female, as distinguished from the male. In her, the brain and the nervous system are more sensitive, and consequently more liable to be disordered by mental and other causes. In her, the constitutional powers are less vigorous, and these are often still further reduced by sedentary habits, and a disregard of proper hygienic measures. Education, in many instances, and particular pursuits in others, impair still more the tone of the nervous system, and proportionately injure the constitution; whilst from the concurrence of these several causes an impoverished condition of the blood, sooner or later, is induced, which co-operates with them in originating and maintaining an irritable and disordered state of the stomach and digestive organs: and the disorder thus secondarily induced, seldom fails to react again upon the constitution, and thus to produce a state of general irritation, which is favourable to the production of various local diseases.

But in this general reaction it will be found, that some organs are more liable to be disordered than others, according as the sympathy between the stomach and particular organs is more or less intimate. The stomach has been truly said to be the centre of sympathy, but the nature of this sympathy varies very considerably in regard to different organs. With none is it so intimate as with the uterus, and we may hence, in conformity with the acknowledged laws which regulate this principle of action, as deduced from a careful consideration of various facts and circumstances, legitimately account for the frequent, and, indeed, almost constant occurrence of uterine disease, as a consequence of chylopoietic disorder.

The sympathies of the stomach, I need scarcely remark, have long attracted the attention of medical men; they were known nearly two thousand years ago to Celsus, who observes, that when the stomach is disordered, the whole system is disturbed, and that the weaker parts more especially suffer. He pointed out its influence upon the heart's action, and its tendency to produce various local diseases in remote parts of the body, as also its capability of maintaining a state of general irritation of the nervous system. But it is more especially to the industry and genius of Hunter, that we are indebted for nearly all that is at present known upon the subject. He taught us, that through this principle, all the actions in an animal have a connexion with one another; the living principle of one part sympathizing with the living principle of another; the nerves of one part sympathizing with the action of the nerves in another; and the mind sympathizing with the mind; that, as a consequence of this principle, no considerable disorder can take place in one part of the body without producing correspondent derangement in others; that, as another consequence of this principle, an action may arise secondarily, without any immediate impression; the part so secondarily impressed, either acting in conjunction with that primarily acted on, or taking the whole action on itself; or, as he otherwise expressed it, one part under the stimulus of irritation or disease, is capable of stimulating another into sensation, action, etc. He maintained, moreover, that sympathy is a principle in animal bodies, so intimately connected with every possible impression, affection, and action, that we cannot have a proper conception of the animal economy respecting diseases, without taking it into consideration. It arises, he observes, from every part of the body being ready to fall into affections and actions in consequence of an impression, affection, or action, taking place in some other part, and it consists essentially in one part thus participating in the impressions, affections, and actions of another.

But we are more especially indebted to him for pointing out the importance of this subject in connexion with the stomach and digestive organs on the one hand, and morbid states of the constitution, on the other. From an attentive consideration of many facts, he was led to believe that the stomach had a direct sympathy with all parts of the body, and thus might be regarded as the seat of universal sympathy; that when the stomach sympathised strongly with any part, this state of the stomach produced a morbid condition of the constitution, from which, however, some organs would suffer more than others, and whence it followed, that various local and apparently unimportant diseases of remote parts of the body might, through the medium of this organ, produce a state of constitution favourable to the causation of various secondary diseases, the precise nature of which would, in a great measure, depend upon the peculiar sympathies subsisting between the stomach and particular organs. The correctness of these doctrines, and the importance of their application to medical practice, have been especially dwelt upon by Mr. Abernethy, who has shown, that if the disordered feelings and functions of the digestive organs thus induced be removed, the greatest degrees of nervous disorder in remote organs and parts will sometimes cease suddenly; at other times, they will be greatly mitigated and subside, proving that, in such cases, the gastric derangement is the cause of the other.

From a careful consideration of this subject, we may, I think, deduce some practical conclusions which bear immediately upon the pathology and treatment of uterine diseases. We may learn, in the first place, that impressions made upon the stomach and digestive organs may be so reflected upon the uterus as to give rise to uterine disorder, without the stomach and digestive organs themselves being very manifestly disturbed. Thus it often happens, that trifling irregularities of diet, and other causes, which can only act, at least primarily, upon the digestive organs, frequently occasion feelings of pain, discomfort, or uneasiness in the uterus, when the former organs would appear to have been but slightly disturbed; and in some cases, the uterine disorder may be very considerable, while that of the stomach is scarcely perceptible. The same thing is observed also in the instance of a loaded, flatulent, or disordered state of the colon, which may be unattended by any pain or discomfort in the immediate seat of the disorder, while considerable pain and uneasiness may be felt in the uterine and ovarian regions as its consequence. Now these circumstances are precisely in accordance with what has been laid down by Hunter as a law or principle of sympathy; for he taught, that when

disorders and consequent diseases thus arise, the organ sympathetically disturbed may suffer more than that originally affected; or that the part secondarily impressed may take the whole action on itself. As regards the uterine organs, this principle is of the utmost importance, and admits of an extensive application; for there are none which are so ready to fall into morbid actions and affections, as a consequence of the morbid actions and affections of other organs; and whilst the sympathetic disorder of these, thus induced, may assume considerable importance, the actual causes from which it springs, and by which it is continued, may be altogether lost sight of, if not carefully looked for. I had on one occasion a striking illustration of this form of sympathy, in the instance of a parturient patient, in whom, of course, the uterine organs are more than usually susceptible to impression, and, consequently, in whom the effects of various causes are more easily appreciated.

CASE. Mrs. C., aged 34, was confined on the 12th August; she went on favourably until the seventh day after her confinement, when she drank a small quantity of cold toast-water, being at the time not very strong, and somewhat heated and perspiring. This was immediately followed by a sensation of extreme coldness in the uterus, which continued for a period of two days persistently. From the first, she felt no sensation of cold in the stomach, the impression having been entirely reflected from this organ upon the uterus. Had the sensation experienced been that of pain instead of cold, it might have led to the conclusion that there was uterine disorder or disease, and thus to the adoption of measures which, as the result proved, would have been altogether unnecessary.

Secondly, we may learn how all the circumstances which have been referred to, as calculated to give rise to gastro-intestinal derangement, may be regarded, in one sense, as the causes of uterine disorders also. For though the operation of these is primarily upon the stomach and digestive organs, or the ganglia connected with them, and derangement of these is first produced, yet this, by a sympathetic or reflected kind of operation, may, and frequently does, become the cause of secondary uterine affections. Hence it is that many circumstances, not apparently having any connexion with the uterus or its diseases, thus become so, and require to be carefully considered in their treatment. We can thus see how the causes previously spoken of, such as depressed states of the constitution, irritable conditions of the nervous system, morbid conditions of the blood, constitutional derangement of any kind, local irritation or disease, irregularities of diet, sedentary pursuits, anxiety of mind, a residence in warm climates, want, priva-

tion, etc., may indirectly affect the uterine organs, and either originate or maintain a state of uterine irritation or disease.

Thirdly, it will follow, that when causes have primarily and directly acted upon the uterine organs, as when cold or sudden fright have checked or interfered with the menstrual secretion, such arrest or interference will speedily be followed by corresponding disorder of the stomach and digestive organs, which will, in turn, sympathetically augment the former, and variously disturb the whole constitution. If we carefully inquire into the history of such cases, this, in fact, will generally be found to be the usual order and sequence of the morbid actions which take place. Almost invariably the digestive organs become disturbed concurrently with the constitution; and the disorder of these, while it increases the constitutional disturbance, interferes with the return of healthy uterine action. It is well known, for instance, that anæmia is a frequent consequence of suddenly suppressed menstruation; and it has generally been attributed to the direct action of the uterus upon the blood, or the constitution: but I believe that in nearly all cases it will be found to be immediately dependent upon an intermediate disorder of the stomach and digestive organs, which, although occasioned by the suppression, is continued independently of it. This may not always be very obvious, whilst sometimes it is very considerable, and consequent upon it the blood becomes impoverished, which, together with the chylipoietic disorder, keeps up a state of irritation of the uterine organs, which is altogether incompatible with the return of healthy functional action. By correcting the disorder of the digestive organs, however, together with any other that may have been simultaneously produced, as also the condition of the blood, it will generally happen that healthy uterine action will spontaneously return without any specific treatment. Of this I have seen numerous instances.

Lastly, seeing how readily gastro-intestinal disorders may be occasioned by uterine disease, and how painfully they react again upon the constitution and the uterine organs, we may learn the importance of maintaining tranquillity of the stomach and digestive organs in the treatment of those cases of organic uterine disease which are not susceptible of radical cure. Almost all such diseases may be said to occur in two forms—the one being active, the other quiescent—and in the latter state they are often compatible with a considerable degree of health and freedom from local uneasiness. For of no organs can it so truly be said as of the uterine, that a very great amount of organic disease is not inconsistent with a tolerably healthy performance of function, if incidental causes of disorder or irritation are removed. The

causes, then, of such incidental disorder or irritation, deserve to be carefully investigated; and they will, I am persuaded, be more frequently found in connexion with the derangements in question than is generally supposed. Upon these, indeed, have appeared to me to depend, for the most part, those formidable symptoms which so often occur in connexion with organic uterine diseases, and which are so fraught with injury to the health and constitution of the patient. To take fibrous tumours in the walls of the uterus as an example, we find them in some cases altogether unproductive of any particular symptoms; and even when of considerable size, they may continue for many years without being even recognised either by the patient or practitioner. Menstruation may go on normally; pregnancy may take place, and proceed favourably; and parturition may be safely accomplished. But in other cases we find them attended with much irritation of the uterus, and great functional disorder, such as pain, hæmorrhage, leucorrhœa, etc. Now that which determines the difference in these cases, appears to me to be altogether independent of the uterus and of these particular growths, and may in a great measure be traced to irritative disorder of other organs which sympathetically disturb the uterus, morbid conditions of the blood, and disturbed states of the nervous system generally; and that such is really the case is proved by the fact, that if these incidental sources of uterine irritation be removed, such active forms of uterine disease will become quiescent, and cease to endanger the health or comfort of the patient. Of this I have also seen numerous examples.

When again we consider the relations of the stomach and digestive organs to the ganglia and nerves of organic life; when we bear in mind that the uterus is principally supplied with nerves from this source; that its ganglia and nervous endowments are very considerable, and that they have intimate connexions through filaments and plexuses with the great ganglia which immediately preside over the functions of the stomach and digestive organs, we must admit that there are ample reasons for believing that morbid conditions of the one organ should be rapidly propagated to the other; for it is a well-established physiological dogma, that when organs are supplied with nerves from the same ganglia, they more readily participate in each other's actions, impressions, and affections, both morbid and physiological, than when they are supplied with nerves from a different source. From a consideration of this principle, it would appear obvious, that not only do the whole of the chylopoietic viscera sympathise intimately with one another, but that this sympathy is extended to the whole of the organs contained in the pelvis, of which the uterine may be considered as

the most important. From the earliest periods, the sympathies of the uterus with the stomach have attracted the attention of medical men; but the *reciprocal* nature of these sympathies have not been as carefully attended to, although it admits of easy demonstration that the uterus is more readily affected by morbid conditions of the stomach, than is the latter affected by morbid and peculiar conditions of the former; and accordingly it may be laid down as a sound pathological axiom, that in general the stomach cannot be much disordered without giving rise to correspondent disorder of the uterus. When severe gastric irritation exists, the sympathetic uterine disorder may, and often is, equally severe; but in slighter forms of disorder of the stomach and digestive organs, the same principle holds equally good, and hence from such causes various subdued forms of uterine disorder may arise. It is to this point I am anxious more especially to direct attention, because whilst, on the one hand, the influence of uterine derangement upon the stomach is generally admitted, as is also that of severe gastric disorder upon the uterus, the reciprocal relations which subsist between the slighter forms of irritative disorder of both, do not appear to have been sufficiently recognised, or if recognised, they have not been duly regarded in practice by the generality of practitioners.

Looking again to the circumstances in which gastro-intestinal derangements originate, seeing also that they may be perpetuated by an endless variety of causes, we cannot be surprised that consecutive disorders, uterine as well as others, should often be protracted, and difficult of removal. For whilst disorders of the digestive organs, in some form or other, are probably the most frequent of the maladies which prevail in social life, they are at the same time those which it is most difficult to rectify. In some cases, they are dependent upon habits or modes of life, which the patient cannot, or will not, relinquish. In others they arise from mental or moral causes, which in the varied forms of disquietude of mind, anxiety, trouble, or affliction, are almost inseparable from our social existence. In one grade of society they are met with as a consequence of indolence, dissipation, or excess; in another, as a result of want, penury, and destitution; and such disorders, however induced, by their reaction upon the constitution and the nervous system, are rendered additionally complex and proportionately difficult of cure. On this subject, an eminent writer says,—“Of late I have been inclined to regard these circumstances as the cause of the complicated diseases which are met with in man so much more frequently than in animals. In man the brain is more sensitive, and liable to be disordered by mental affections. In man the digestive

organs are liable to be disordered by stimulating and unnatural diet. Sedentary habits and impure air cooperate to aggravate these disorders. The affections of the brain and digestive organs mutually increase each other, and thus a state of constitution arises which is productive of the most general and complex diseases. But even these do not seem to me to be the most calamitous terminations of such causes. The disorder of the sensorium, excited and aggravated by the means which have been described, frequently affects the mind. The operations of the intellect become enfeebled, perplexed, and perverted. The temper and disposition irritable, unbenevolent, and desponding. The moral character and conduct appears even liable to be affected by these circumstances. The individual in this case is not the only sufferer, but the evil extends to his connexions and to society.”¹

Impressed with the importance of these and similar considerations, I have for many years been accustomed to study uterine diseases with especial reference to their constitutional origin and causes; and in taking the histories of cases, I have more particularly sought for information on this point, which I have carefully noted down. The result of doing so has been to convince me that constitutional causes have more to do with the origin and continuance of uterine diseases than is commonly supposed; that chylopoietic disorders—sometimes singly, but more frequently associated with others—do, in the great majority, precede and give rise, first, to uterine irritation, and, secondly, to various uterine diseases; and farther, that a proper and full appreciation of this circumstance is indispensably necessary to their successful treatment. The extent to which chylopoietic derangement is met with in connexion with this class of disorders, either as a cause, a consequence, or an accidental complication, would be altogether incredible, if facts did not directly support the observation. Thus of the hundred cases referred to, and tabulated in the earlier part of this paper, chylopoietic disorder existed as an antecedent in 82, and as a concomitant in 97. In 33 it coexisted with spinal irritation; in 87, with anæmia; and in 20, anæmia; spinal irritation and chylopoietic disorder were met with concurrently. It is surely then unnecessary to adduce any further evidence in support of the opinion that such disorders, either singly or combined, do, in a large proportion of cases, precede and give rise to uterine derangement, and are also the chief causes by which these derangements are both complicated and perpetuated.

In proceeding to illustrate these views by a reference to practical

¹ ABERNETHY. Surgical Works, vol. i, p. 265.

examples, I shall, in the first place, adduce cases which show the severe consequences which may be occasioned by chylopoietic disorder when this is of a marked character, or the uterine organs are in a state of undue susceptibility. This latter condition is best exemplified in the instance of parturient females, in whom the uterine organs, from being in functional activity, are unusually susceptible to impressions, and in whom, consequently, the operation of causes calculated to disturb them is best studied and observed. But another purpose will also be served by doing so; for by showing the disastrous consequences which may result under these circumstances from such causes, we may learn to appreciate the injurious tendency of similar causes upon the uterine organs when occurring in a slighter degree, or when these are in a less susceptible state. For, if in the former case it can be shown that sudden or violent irritation or derangement of the stomach and digestive organs can so affect the uterus, when it is thus susceptible, as to give rise to considerable disturbance of this organ, or of the constitution in connexion with it, then it appears to me that it will follow as a necessary corollary from such facts, that slighter forms of continued gastro-intestinal disorder may so affect the uterine organs as to give rise to less violent, but more persistent forms of uterine derangement.

The consequences to be apprehended from violent or sudden gastro-intestinal disorder in the instance of pregnant females, are convulsions, premature labour, the death of the child, and various untoward occurrences during the puerperal period. I shall, in the first place, select two cases to illustrate this influence, and the consequences which may sometimes happen from omitting to recognise and to remedy such antecedent disorder. I shall then add two others, in which similar disasters were to be apprehended, but were averted by adopting prompt measures for the relief of the chylopoietic derangement.

CASE. A young lady of considerable fortune, within a month of her confinement, entertained a party of friends in the Christmas of 1845. She had on a former occasion been prematurely brought to bed of a still-born child, and this circumstance, together with the anxiety felt for her by her husband and friends, had induced them to place her under the care of an experienced practitioner, who for a month previously had almost daily visited her, and on the day in question, reported that he considered her health and prospects to be as favourable as could be wished. The dinner consisted of the usual rich fare which is customary at that season of the year, and although she partook of it moderately, it was evident that her stomach had become disordered. On leaving the dinner table, she felt faint,

sick, and indisposed, and her medical attendant was sent for; previously, however, to his arrival, frequent efforts at vomiting had taken place, in some of which portions of food had been thrown up. She was somewhat relieved by this, and he, on his arrival, finding her better, and considering the case to be one rather of irritability of the stomach than of positive disorder, and believing that the vomiting which had taken place had sufficiently unloaded the stomach of obnoxious matters, contented himself by prescribing effervescing salines, with small doses of laudanum. Towards midnight the symptoms were relieved, the opiates had produced a disposition to sleep, and he left with the conviction that no farther bad consequences would ensue. About five the next morning she was attacked with convulsions, and, as I was in the house on a visit, I was called up to see her. As soon as a lancet could be obtained, I took a basin of blood from her arm, and her medical attendant, who had been sent for, arrived shortly afterwards with another practitioner. The bleeding had somewhat relieved the convulsions, and consciousness returned, but only for a short time. In consultation, it was not thought advisable to carry depletion any further, and soothing calmative measures were considered to be indicated. The head was shaved and kept cool; salines were given, containing small doses of opium, and the utmost tranquillity was enjoined; nevertheless the convulsions continued to recur; in the course of the next day, labour-pains were observed: which were assisted as far as it was possible, in the hope that when labour had taken place, the convulsions would cease. But this was delusive; in due time the patient was delivered of a still-born child, but there was no remission of the convulsions. The patient gradually became comatose, and died on the third day. On a *post-mortem* examination, it was found that the sinuses of the brain were congested, and that the brain itself was more vascular than natural. The ventricles contained about two ounces of serum, and a small quantity was effused at the base of the brain. No examination was made of the stomach or alimentary canal.

Whether a different result would have followed a different mode of treatment at the onset of this case; whether, in fact, the patient would have survived, if the state of the stomach and bowels had been carefully investigated, and they had been thoroughly unloaded of their obnoxious contents by evacuant measures, I am unwilling to express an opinion; but there can be no doubt, that the train of events which ended in the death of this lady, originated in a disordered state of the stomach and digestive organs, together with an advanced period of pregnancy. Looking, indeed, to the fact that the nervous system is

almost morbidly susceptible to impressions during this state from a variety of circumstances, we cannot be surprised that when additional disturbing causes come into operation, and more particularly gastro-intestinal irritation, that violent consequences should sometimes ensue, and such as were observed in the present case. That a disordered state of the stomach and bowels existed, and immediately gave rise to the attack in this case, is shown by the fact of the patient having been particularly well up to the period of her partaking of a rich indigestible meal, by the occurrence of nausea and vomiting shortly afterwards, and by the convulsions beginning almost immediately after the spontaneous efforts at vomiting had been subdued by opiates. Such cases are extremely but painfully instructive, and should teach us the necessity of examining carefully the state of the stomach and digestive organs whenever nervous disorder is threatened during pregnancy, or the puerperal state.

CASE. A lady of extremely nervous temperament, aged 27, and whose general health had been for many years very delicate, had arrived at the latter part of the eighth month of pregnancy, when she began to suffer rather severely from gastric irritation. She had throughout her pregnancy suffered much from nausea and irritability of the stomach; and at first the additional symptom was not thought to be of much importance; but as it continued persistently, and was the cause of great uneasiness, an eminent obstetric physician was consulted about her case. He saw her on the 15th of April, and took a very favourable view of it, considering that the gastric irritation was rather dependent upon the very nervous temperament of the patient, together with the period of pregnancy to which she had arrived, than anything else, and he advised a trial of sedatives, such as the hydrocyanic acid, the tincture of henbane and hop, in small doses, with the sesquicarbonate of soda. He did not consider that any unfavourable consequences would ensue. The remedies suggested were tried in various forms, without any material benefit resulting. On the other hand, the gastric irritation became more decided, and at times was very intense. Leeches and sinapisms to the epigastrium were now had recourse to, and other combinations of the remedies proposed were tried, together with opiates and purgative enemata, but still without much positive advantage. On the morning of the 18th of April, she complained of headache and symptoms of cerebral irritation, which were speedily followed by violent convulsions. Free depletion was now practised, and after a considerable quantity of blood had been abstracted, the convulsions were subdued; and although the patient continued throughout the day in a most precarious state,

she gradually rallied, and towards the close of the following had greatly recovered, and appeared upon the whole to be going on very favourably. On the 20th her condition was still satisfactory; no convulsions had returned for thirty-six hours; the epigastric pain had ceased, and the patient complained only of depression and weakness. Towards evening symptoms of labour were observed, and in a short time she was safely delivered of a still-born child, without any hæmorrhage or any other unfavourable circumstance occurring.

Now here I would pause in the narrative, and would inquire whether these calamitous consequences, viz., convulsions, premature labour, and the death of the child, did not remotely and immediately spring out of gastro-intestinal irritation or disorder? and whether all the antecedent symptoms were not referrible to this cause, which had existed in a marked manner for many days before these occurrences took place? Can it then be doubted, that if this had been properly recognised and removed, that all the untoward events which were afterwards developed would have been averted? But in this case it is evident, that the gastric irritation was regarded too lightly; and the inevitable consequence of continued irritation in an organ so vital as the stomach, and possessed of so many sympathies, when concurring with pregnancy, was soon displayed in sympathetic irritation of the brain, and its usual sequelæ, cerebral congestion and puerperal convulsions. From this history, we may at least learn, that gastro-intestinal irritation cannot remain long in a severe or persistent form in a pregnant female, without being fraught with much danger; that vascular disease will sooner or later supervene upon such irritation, either in the organ primarily affected, or in some other which has sympathetic relations with it—and this more especially in the brain or the uterus. Hence such consequences should, if possible, be anticipated; and if after the removal of applied causes of irritation in the stomach and alimentary canal by emetics and purgatives, and after fomentations, sinapisms, and sedatives, have been fairly tried and proved to be unsuccessful, it becomes imperatively necessary in these cases to abstract blood from the arm as a precautionary measure, proportioning the quantity to the strength of the patient's constitution, and the intensity of the local irritation, for thus only can vascular disease and its consequences be averted. Nor again is delicacy of constitution any objection to this proceeding; for, as a general rule, it is in the weakly, the delicate, and the anæmie, that local irritation most readily passes into congestive or vascular disease.

But to resume the narrative: the patient had been safely delivered, and for several days subsequently went on very well, much better

indeed than could have been expected. Her appetite was good, she enjoyed her food, and slept well at night: the tongue was clean, and the bowels regular. Everything thus progressed favourably, until the seventh day after her confinement. She then saw some friends in the morning, with whom she conversed rather freely, and to whom she expressed herself highly pleased with her very favourable progress. At two P.M. she had dinner, which consisted, as on the preceding days, of fish, bread, and vegetables. This she appeared to enjoy very much, and it was afterwards ascertained, she partook of it very largely. Soon afterwards she felt faint and sick, complained of headache and became very nervous and excitable; so much so that the slightest noise occasioned her to start and feel alarmed. After a time she had uneasy sensations in the pelvic region, in the right hip more particularly, and back, and these soon extended down the whole of the right extremity. Unfortunately, the causes of these symptoms were not at first recognised, the state of the stomach and bowels was not carefully investigated, and the proper remedies were consequently withheld. The symptoms were attributed rather to the excitement and fatigue which had been produced by seeing her friends in the morning, and to her having exerted herself disproportionately to her strength. It was not then sufficiently considered that a large meal, eaten under circumstances of much physical exhaustion consequent upon the loss of a great quantity of blood, could have led to these results; and accordingly, under the impression I have mentioned, soothing calmative measures were adopted. Ice was applied to the head, and the patient was kept very quiet, in the hope that by rest and tranquillity her symptoms would pass away; but at the end of twenty-four hours she was not materially better: on the other hand, the headache and nervous excitability had increased, and the pain in the pelvic and abdominal region continued to be very intense. After the measures mentioned had been employed for some time, together with aperients, a trial of the Indian hemp was determined upon, at the suggestion of a very experienced practitioner. At first it appeared to have a good effect, subduing the pain and nervous excitement; but afterwards it became more and more questionable in its efficacy. The nervous symptoms, on the other hand, increased the restlessness, and sleeplessness became greater; and the whole of the pelvic and abdominal organs were greatly disturbed. The pulse became quick, the tongue dry and brown, and there was occasionally a disposition to delirium. Additional advice was now sought for, and an eminent obstetric physician visited the case. The opinion he at first expressed was that no danger need be apprehended, and that

the symptoms depended mainly upon weakness and nervous irritability consequent upon the previous loss of blood. Opium was especially recommended and given; but as the symptoms continued unrelieved after forty-eight hours, it was feared that the pelvic irritation had led, or would lead shortly, to the formation of a pelvic abscess. For some days the condition of the patient was most critical, and her sufferings were very great, notwithstanding the regular administration of opium. The whole of the chylopoietic and pelvic viscera were greatly disordered; the abdomen was tense, painful, and tumid; and the patient often delirious. After a time, throughout which there was much pain in the right hip, the superficial veins about the groin began to enlarge, and the corresponding extremity to swell, and this was followed by increased pain in the hip and groin of this side. In a short time, the symptoms of phlegmasia dolens became manifest, attended with excruciating suffering and additional constitutional derangement. The treatment throughout was of a soothing and sustaining nature. Opium was administered rather freely—the bowels and secretions generally were regulated—food and stimulants were regularly given—and local pain and suffering were relieved by fomentations and soothing applications. The progress of the case was slow, but upon the whole satisfactory; and after a protracted illness and convalescence, the patient may be said to have perfectly recovered, although still somewhat weak and depressed in health.

I have not attempted, in the foregoing details, to give more than a very general outline of this case, for to do more would be altogether incompatible with the limits of this paper. It has rather been my object to point out the order and sequence of the actions which followed upon gastro-intestinal derangement, and to show how readily even trivial errors of diet, in persons whose constitution or uterine organs are unduly susceptible, may lead to very serious consequences; and at the same time to show how necessary and important it is to discern and rectify such errors promptly and decisively, in order to avert these calamitous effects. Had the patient taken an emetic, and had the stomach been thoroughly disburthened of its load on the accession of the symptoms, which commenced after the dinner taken on the seventh day after labour, I am convinced that all the ulterior consequences which supervened would have been prevented. Of this I am more and more satisfied, the more I reflect upon the history and progress of the case, and consider it in connexion with others of which I have personal knowledge. That all the untoward consequences which followed in this case mainly depended upon, and arose from

chylopoietic disorder, is, it appears to me, sufficiently evident; for the patient had been progressing most favourably up to this date, and gastric symptoms in the first place, and intestinal in the second, were the first to declare themselves, whilst all the subsequent phenomena which occurred may be readily and legitimately deduced from such chylopoietic disorder. Nothing, indeed, appears to me more certain than that if food be eaten incautiously, when the digestive organs are much enfeebled, either by disease or constitutional causes, that digestion will not properly go on, and that the undigested food will become an irritant to the alimentary canal, and as such, a cause of various constitutional disorders, their severity being proportioned to the degree of general weakness or irritability which may prevail.

Let it then be remembered, that whether during pregnancy or the puerperal period, whenever it is possible or likely that applied causes of irritation exist in the stomach or alimentary canal, that evacuant measures should precede and take the place of all others; for nothing can compensate for their omission when such causes exist. The employment of emetics during both these periods, when circumstances require them, is perfectly safe, as I have verified in a number of cases. Indeed, the action of full vomiting during pregnancy is infinitely less trying or dangerous to the patient, than the incessant retchings with which some females are tormented throughout the greater part of pregnancy, and in spite of which they do well. In illustration of this, and in order to place the results of such practice in apposition with those in which these measures have been omitted, I subjoin the particulars of the following cases.

CASE. Mrs. R—ll, seven months advanced in pregnancy, was attended by me, October 5th, 1849. She had been suffering throughout the day from headache, flushing of the face, tension of the forehead, noises in the ears, occasional numbness and convulsive catchings in the fingers. These symptoms were attended with, and had been preceded by, nausea and a disposition to sickness, from which she had suffered, more or less, for several days. The stomach was so irritable, that scarcely anything would stay upon it; the bowels were constipated and flatulent, and she had uneasy sensations in the uterus, back, and hips, with occasional forcing pains, which threatened to end in premature labour. These symptoms appeared to have been connected with, and were remotely attributable to, mental anxiety and trouble, consequent upon which, and the co-existence of pregnancy, the stomach and digestive organs had become irritable and disordered. The presence of marked gastro-intestinal derangement under these circumstances, suggested to me the necessity of giving at once an

emetic, after which an alterative was ordered, and subsequently she was directed to take a mixture containing Epsom salts, in an acidulated infusion of roses, by teaspoonfuls, until purging should take place. The next day, the patient was in every respect better, and tranquillity had been restored to the digestive organs, and to the constitution generally. The emetic had occasioned profuse vomiting, and a great quantity of sour offensive matter had been thrown up, which was followed by a subsidence of the sickness and gastric irritation. Subsequently the alterative and aperient were given, and when purging had taken place, she was relieved of all cerebral and uterine uneasiness. She had no further recurrence of either, but continued to progress favourably, and at the full period was safely delivered of a healthy child, without any unfavourable occurrence taking place.

CASE. I visited a lady at 3 A. M. on the 28th December 1847, who was four months advanced in pregnancy with her first child, and who, it was reported, had been suddenly taken ill. She had fainted away, and had entirely lost all consciousness, and this without any very obvious cause. When I saw her, she was in a state of profound coma; her head was hot, the pupils contracted, and her pulse quick. She moaned frequently, and occasionally threw her hands instinctively to her head: she was, however, incapable of speaking, and no information could be obtained as to the history or cause of the attack. A medical gentleman, who had seen her before I arrived, and who was still in attendance, had given a full dose of calomel, had applied cold lotions to the head, and had also administered sal volatile in water, but without any beneficial effect. The absence of vascularity of the conjunctivæ, the contraction of the pupils, the quickness of the pulse, together with the youth of the patient, her age not exceeding twenty-two, led me to suspect that the cerebral affection was one of irritation rather than of congestion; and after repeated inquiries, it was elicited from her friends that she had partaken during the day of some rather indigestible food. I had therefore no hesitation, under these circumstances, in prescribing an emetic, which with some difficulty was administered, but the result was very satisfactory, and profuse vomiting of a large quantity of undigested food soon followed, after which the consciousness of the patient returned. She suffered for some days from the effects of the attack, but upon the whole may be said to have recovered very favourably, and at the full period was safely delivered of a fine healthy child. It should be mentioned, that while she was unconscious, she had occasional convulsive catchings of the fingers; and I afterwards learnt, that before she became unconscious, she had very uneasy feelings in the uterine region—circum-

stances which appear to point on the one hand to a threatening of convulsions, and on the other to miscarriage, which were both averted by the administration of the emetic.

I have placed these four cases in juxta-position, for the double purpose of pointing out the serious consequences which may ensue from gastro-intestinal disorder when the uterine organs are in a susceptible condition, and of exemplifying the safety and advantage of the particular treatment which I have recommended. In the two former cases, the consequences of omitting this were painfully evident, whilst in the two latter the advantages derived from it would appear less obvious if the contrast were less striking. My object, however, is not so much to pursue this subject as to make it subservient to another purpose, viz., that of directing professional attention to the influence of slighter and less obvious forms of chylopoietic derangement in the causation of uterine disorders. For if it is admitted that violent irritation of the digestive organs, such as was met with in these cases, can be reflected upon the uterine organs so as to give rise to the consequences which followed in the first and second and were threatened in the third and fourth, viz., premature labour or miscarriage, the death of the child and puerperal convulsions, then it appears to me reasonable to conclude from such facts, that slighter forms of irritative disorder of the stomach and digestive organs may also affect the uterine organs when in a less susceptible state, and so give rise to uterine derangement of a more subdued, but, at the same time, more persistent character.

The disorders in question present themselves in almost endless variety, from a degree of irritation which is so slight as to be scarcely perceptible to the patient or practitioner, to one which is so severe as to disturb the whole constitution. Between these opposite extremes there is every possible gradation, and each, in its particular degree, may occasion secondary disease of corresponding severity. In the uterine organs, we observe consequences which are commensurate with their intensity; and whilst these are sometimes so slight as to amount to little more than mere irritability of the uterus, leucorrhœa, and irregularity of the menstrual functions, in other cases we observe distressing forms of hysteralgia, profuse leucorrhœa, and excessive, irregular, painful, or defective menstruation, occurring as a consequence of similar causes, when of a more decided character.

But in the instance of the slighter forms of chylopoietic disorder, it too frequently happens that their existence, or relations to the uterine malady, are altogether overlooked; and thus the latter continues silently, but steadily, to progress, until vascular disease may have

supervened, and rendered it painfully manifest. On the other hand, when the chylopoietic derangement is of a marked and prominent character, and such as cannot be overlooked, it equally happens that it is often considered to be a mere accidental or tributary complement to the uterine affection. By one it is regarded as a consequence, by another as an accidental complication, whilst by a third it may be altogether disregarded; and hence it follows, that its importance and relations to the uterine affection are often lost sight of, or at least imperfectly appreciated. If I were, however, to state the impression which many inquiries on this subject have left upon my mind, I should say that, in at least fifteen out of every twenty cases in which uterine and chylopoietic disorders coexist, the latter is not only the antecedent, but the cause of the former, whilst in the remainder only, or in a like proportion, can it be regarded as a sequence, or an effect. I am perfectly aware of the difficulty which attends any investigation having for its object the determination of the relations of power, cause, and effect, in regard to any given phenomena. But I take it, that that which is invariably, or nearly so, the antecedent to any particular event, has strong claims to be regarded as its cause; that this claim is increased, if no other circumstance can be shown to stand in such relationship to it; and that it is still further demonstrated that this antecedent is the cause, when the event by which it has been followed ceases for the most part with its removal. Upon these grounds then more particularly, am I led to uphold the correctness of the opinion which I have expressed, in regard to the relations which subsist between uterine and chylopoietic disorders when both coexist; for I believe careful and properly directed inquiries will tend to show that the latter is nearly in all cases preceded the former, and has often accompanied it throughout: whilst in the great majority it will be found, that the correction of this disorder will be followed by the cessation of the uterine, unless, indeed, vascular or organic disease shall have supervened in the latter, and so rendered it independent of the former.

In support of the correctness of this opinion, I would refer to the table published in the earlier part of this paper, from which it will appear that chylopoietic preceded uterine disorder in 82 cases out of the 100, and that no other circumstance can be found which has such relations to it. It will hereafter be shown, that the results of treatment confirm the general inferences which are deducible from these facts: for it will be shown, that the removal of the chylopoietic disorder is generally followed either by the cessation of the uterine, or by a marked improvement taking place in regard to it.

We have, however, various forms and degrees of chylopoietic disorders to consider in connexion with uterine diseases; some being so slight and insidious as scarcely to be recognised without very careful investigation, whilst others are of a very marked and serious character. And, before proceeding to adduce the cases upon which the views advocated in this paper are more particularly founded, it may be well to describe the more general symptoms by which these disorders are attended; to state the pathological conditions on which they may be supposed to depend, and the principles upon which their treatment should be conducted. This is the more necessary, because, if the truth and accuracy of the opinions contained in this paper are to be tested, as they should be, by the results of similar treatment in other cases, it is manifestly important that the symptoms of such disorders should be readily recognised on the one hand, and adequately treated on the other.

SYMPTOMS. The more common forms of chylopoietic disorder which occur in connexion with uterine diseases, and which are perhaps the most frequently overlooked, are characterised by the following symptoms: by certain deviations from the healthy state of the tongue, more especially on awaking in the morning; by a degree of fretfulness of temper or despondency of mind, which is unusual to the patient, and unwarranted by her circumstances; by some uneasy sensation, either constant or occasional, about the epigastrium; by some degree of irregularity in regard to the action of the bowels; by some unnatural appearances in the urine or stools; by variability of the appetite, which may be either excessive, defective, or depraved; by restlessness at night, and broken and unrefreshing sleep, whence patients arise in the morning with a feeling of weariness or fatigue; by a disposition to blotches and eruptions on the skin; the feet and hands being often cold and clammy, and perspiration readily induced by exercise.

Now, in regard to these symptoms generally, it should be observed that, unless they are carefully and diligently inquired for, the practitioner will often be led into error by the representations of the patient. In some, indeed, disorder of the digestive organs may have existed so long, as to have become habitual; and even when this is very considerable, it may be, and often is, set down by the patient as being natural or constitutional, and such as cannot have the least connexion with any coexisting local complaint. Again, when the gastro-intestinal disorder is less marked, the practitioner may be readily misled by the appearance of the tongue during the day, and the general statement of the patient, who may declare herself to be perfectly well, when she

may be found on inquiry to have all the symptoms which denote chylopoietic disorder. Hence it becomes necessary to direct the patient's attention to those particular symptoms in detail, which, in the aggregate, indicate the presence of such disorder; and it will thus often be found, that the tongue is habitually dry, furred, or unpleasant, on awaking in the morning; that the appetite is uncertain and capricious, and the bowels irregular; that the patient is languid and listless, anxious and despondent; that the pulse is frequent and feeble, the heart's action readily disturbed; and that other symptoms exist, which are characteristic of an irritable or disordered condition of the stomach and digestive organs, although the patient may have represented herself as being in good health.

Of the several indications, perhaps the appearances of the tongue furnish the least fallacious and most ready test of the presence of gastro-intestinal derangement. Its condition, however, under different circumstances, requires to be carefully investigated, for it will often be found to be furred at the back part, when it is tolerably clean at the front and edges; its appearance, again, will vary at different periods of the day, according to the different states of the stomach, and various states of mind which may arise. Hence any casual examination of the organ may, and often does, lead to erroneous conclusions; and it becomes indispensably necessary to ascertain its general condition when the patient first awakes in the morning, for it will then often be found to be dry, furred, or unpleasant, and this even persistently, whilst during the day it is tolerably clean. Such abnormal deviations, however, demand to be carefully attended to, for they are certain and conclusive indications of the presence of gastric or hepatic irritation or disorder. If, for instance, the tongue is simply dry, and this habitually on awaking in the morning, we have evidence that there is at least a deficiency of the secretions of this organ; and if there is no local cause for this deficiency, or constitutional febrile disturbance coexisting, we may reasonably infer that there is a corresponding deficiency of the gastric and hepatic secretions, the consequence of gastric or hepatic irritation, of which it is probably but a sympathetic effect. When, again, the tongue is habitually furred or unpleasant, as well as dry, we may equally deduce from these circumstances, that the gastric and hepatic secretions are not only deficient, but at the same time unhealthy. And such scanty, irregular, or unhealthy conditions in regard to the secretions of the stomach and liver, may again be legitimately attributed to an irritable or disordered state of the nervous ganglia of the sympathetic, which are more directly in relation with these organs, and which more immediately influence or regulate their secretions.

PATHOLOGY AND TREATMENT. Thus we may, I think, correctly deduce, from a consideration of these circumstances, that the symptoms in question are more or less significant of a state of nervous irritability and weakness of the ganglionic nervous centres, whence the stomach, liver, and digestive organs are immediately supplied with nervous energy; that one of the primary consequences of this weakness and irritability, is a deficiency or depravity of the secretions which are ordinarily furnished by these organs, and upon which the healthy and proper performance of their functions mainly depends; whilst another consequence is, the production of various forms of disorder in regard to these organs, as shown, perhaps, by pain, uneasiness, or some other kind of functional disturbance. Hence the indications of treatment, in such cases, should be to impart tone and vigour to the nervous system on the one hand, and to appease irritability and correct disorder on the other; whilst, at the same time, we adopt such measures as are calculated to improve and promote the secretions of the irritable organs.

But, in the first place, it is necessary that we should investigate the particular circumstances in which such weakness, irritability, or disorder may have originated; for these will often be found to have arisen from, or to be associated with, various constitutional causes, habits, customs, and modes of life, which will be but little amenable to medicinal treatment: and these must therefore be looked for and removed, before we attempt any specific treatment for the morbid conditions themselves. This, again, should be of a comprehensive character, not only having reference to the local affection, but also to the constitutional causes or disorders from which it may have sprung, and should comprise not merely medicinal measures, but these combined with care and attention to diet and regimen.

But, having premised such attention to the remote causes from which these disorders may have arisen, and having removed these so far as they admit of being removed; having urged the necessity of relinquishing various habits, pursuits, and customs, which may have been prejudicial to health; having enjoined due attention to matters connected with regimen, the necessity of keeping early hours, taking regular exercise, and adequate rest and sleep; having also inculcated the necessity of proper dietetic measures, of adapting the quality and quantity of the food to the wants of the system and the powers of the digestive organs, and of observing regularity in regard to the periods of taking it,—it becomes a question to consider what therapeutic measures are indicated in these particular cases: and these can only be determined by considering what are the precise

pathological states upon which these disorders depend. I have already expressed an opinion, that, in these cases, there is weakness and irritability of the ganglionic portion of the nervous system, leading to various functional disorders of these organs, and more especially to a deficiency or depravity of the secretions which they are destined to furnish, and upon which the proper performance of their functions depends. Hence the indications of treatment should have reference more particularly to these circumstances, to weakness and irritability, on the one hand, and disordered action on the other; and the measures which are required for the cure of such pathological conditions, are more especially alteratives, tonics, and sedatives, which should be variously combined and exhibited in different cases, according as these morbid states may more or less respectively coexist. On each of these remedies I will therefore proceed to make a few remarks, so far as they relate to my present subject.

I. ALTERATIVES. The employment of alteratives, so long as disorder continues, and more especially when this is denoted by a faulty or defective state of the secretions, is of the first importance in the medical treatment of these cases; for, so long as this continues, so long it is hopeless to anticipate benefit from tonics, or strength or vigour of constitution from food; for, inasmuch as digestion in a great measure depends upon the purity and sufficiency of the secretions, which are poured out by the digestive organs during the digestive process, it must follow that, when these are defective or depraved, it will be proportionately disturbed, and that the food, instead of being converted into healthy blood, will pass into various crude, hurtful, or unassimilable matters, which, instead of nourishing the body, will be a source of irritation to the nervous system, and of injury to the constitution. But, in the use of alteratives, the utmost caution is required; and the greater the weakness which may coexist with disorder, the more sparingly should they be given. Mercurials, judiciously administered, appear to subserve this purpose perhaps better and more certainly than any other medicines; but there are many cases in which their utility is questionable, and others in which their employment would be fraught with positive harm. The circumstances, then, which tend respectively to these results, require to be carefully noted and considered.

The action of mercury on the constitution as a remedial agent, has been a fruitful source of controversy in the profession, and cannot even yet be said to have been satisfactorily determined. It has been variously considered as a stimulant or sedative, both stimulant and sedative, an alterative and tonic; but its action and effects differ essentially from

any of these, and must be regarded as *sui generis*. That its action, however, is primarily upon the nervous system, and more especially upon the organic or sympathetic portion of it, is, it appears to me, the most legitimate inference which can be drawn from a consideration of the various circumstances which attend and follow its administration. This action, at the same time, is of a peculiar and specific character; calculated, on the one hand, to produce irritative disorder where none exists, but to correct, neutralise, or antagonise such irritation when already existing. Thus, for instance, when mercury is administered, even in the mildest form and the most moderate dose, to persons whose digestive organs are in a perfectly healthy and tranquil state, and who have not been accustomed to its stimulus, it seldom fails to produce considerable disturbance in them, such as would arise ordinarily from a variety of causes, of which again, when so produced, it is eminently curative. The following case, which occurs to me, illustrates this remark. A rather delicate little boy was attacked with a feverish cold, attended with a furred tongue, and much disorder of the biliary and digestive organs: he had a good deal of fever, was restless, constipated, and had entire loss of appetite. On account of the evident disorder of the liver and digestive organs, three grains of calomel were at once given him, and with the most decided benefit. Before any purgative action had taken place, the tongue had become clean, the fever had subsided, and the child slept comfortably for the first time for several nights. The benefit attending the administration of the medicine on this occasion, led to its being subsequently given under other circumstances, and here with a very different result. The child was not now suffering from any manifest disorder of the stomach and digestive organs, the tongue was clean, and the appetite was tolerably good; but his bowels were somewhat torpid, and there was a degree of weakness and delicacy of health which was attributed in part to a torpid or irregular action of the liver. Upon this view of the case, the same dose of calomel was given, which had been so salutary on the former occasion; but the effects were now of a very different nature, and violent irritative disorder of the stomach, liver, and alimentary canal were the consequences. The little patient became sick, purged, and extremely uncomfortable, the tongue furred, and much general prostration ensued. Now here it is impossible to suppose otherwise, than that these different effects were mainly dependent upon the absence or presence of irritative disorder previously to the administration of the medicine; for, where such irritative disorder exists, the specific irritation set up by mercury tends, as it were, to neutralise or antagonise it, and thus to restore a state of nervous equilibrium or tranquillity.

Whereas, in the absence of such antecedent irritation or disorder, the action of mercury is productive of many disagreeable and often injurious consequences.

This principle of action is also shown in a variety of instances: thus, when there is restlessness or sleeplessness at night, as a consequence of digestive disorder—an effect which is of frequent occurrence—the administration of a few grains of blue-pill will often procure sound and refreshing sleep, such, indeed, as to impress the patient with the idea that some form of opium had been taken. But this effect appears to me to be only from the specific action of the mercurial having been antagonistic or curative of the irritation previously existing; for, if the same dose of the same mercurial preparation be given to the same patient, in the absence of such irritative disorder, it seldom fails to produce the most opposite consequences—to produce restlessness and sleeplessness, a dry, furred, or unpleasant tongue, and an uneasy condition of the stomach and digestive organs, together with disorder of the biliary and other secretions. Hence, it appears to me, we may deduce, from careful attention to these circumstances, some rules which should guide us in its administration in the treatment of those disorders of the stomach and digestive organs, which are under consideration.

And, first, we may learn that mercurial medicines should never be given in these cases, unless there is positive evidence of the existence of disorder, as shown more particularly by an irregular, faulty, or morbid condition in regard to the secretions; for it must be borne in mind, that many morbid states of the chylopoietic organs, which are unquestionably conducive to uterine disease, depend rather upon weakness and irritability than upon actual disorder. If, then, the tongue is clean and moist, especially on awaking in the morning, and the alvine discharges do not indicate a deficiency of the biliary or intestinal secretions, the use of mercury will be found to be very questionable, if not fraught with positive injury.

Secondly, we may learn that, in the administration of mercury, the form of this medicine, the dose, and the frequency of its exhibition, should be mainly regulated by the degree of irritative disorder which may exist. In proportion as this is slight, should the dose of the mercurial be small; whilst, in the severer kinds of disorder, it may be given more freely, and with the utmost benefit. In the more trivial forms of these disorders, I believe that an occasional dose of grey powder or blue pill at bed-time will be sufficient; but this should be continued until the disordered state of the secretions shall have been rectified; whilst, in the more decided forms of these disorders, it will

be necessary to administer the medicine in larger doses and at shorter intervals. And so long as the condition of the digestive organs is carefully watched, and disorder is found to continue, so long may it be given with perfect safety and advantage.

Again; in those cases in which there is great disturbance of the stomach, liver, and intestinal canal, as indicated by incessant nausea and retching, by very manifest derangement of the secretory functions of the liver and stomach, and by much irritative disorder of the small and large intestines, with febrile disturbance, the administration of calomel is far preferable to that of any milder preparation of mercury; often, by its specific action upon the nervous system, producing such antagonism to the existing irritation or disorder, as to restore tranquillity speedily both to the digestive organs and the constitution, and thus to justify the remark which has sometimes been made, that calomel in large doses is a powerful sedative.

I infer then, from a consideration of these circumstances, that mercurial medicines are only useful in the treatment of dyspeptic affections, when there is clear and unmistakeable evidence of the existence of disorder, and this not dependent upon merely applied causes within the alimentary canal which admit of removal, or on mental or other causes which are of a transient character; that the particular form of the medicine to be employed must be chiefly dependent upon the *degree* in which this disorder exists; that it may be continuously administered for longer or shorter periods, in doses proportionate to the severity of the disorder, its persistency or continuance; that in the slighter forms the mildest preparations, such as grey powder or blue-pill, are the best; whilst, in the severer and more acute forms of these disorders, calomel is preferable, often possessing a specific power of arresting or controlling such violent actions, and thus appearing to have the properties of a powerful sedative in such cases.

But, as I have remarked, it must be ascertained, in the first place, that such gastro-intestinal disorder does not depend upon the presence of applied causes of irritation, in any part of the alimentary canal; for the employment of mercurials in such cases is not only often unnecessary, but is sometimes prejudicial. To remove such causes, therefore, or, in other words, to ensure the regular evacuation of the faecal contents of the bowels, becomes an important indication in the management of these cases; and this should be fulfilled by the most simple and lenient medicines. In all cases in which the constitution is weakly, the blood impoverished, or the digestive organs irritable, active purging is for the most part injurious, and is often attended by a marked aggravation of the

uterine disorder. It often happens, too, that the bowels may be purged without being cleared of the fæcal matter which may be detained in them, and thus much harm may be done by the employment of purgatives, without this being compensated by the least possible good. The precise medicine, or combination of medicines, which will best effect the object in view, cannot always be determined in different persons, and therefore it is often better to leave this to the patient, whose experience may enable her to decide best as to the particular form of aperient that should be employed. In one, a little castor-oil, taken at bed-time, will ensure the desired result; and in another, the milk of sulphur; whilst in some an aloetic or rhubarb pill, taken before or after dinner, will be found to be the most serviceable. Active purging, however, must in all these cases be avoided; and we may safely interdict the habitual use of such medicines as jalap, calomel, salts, senna, black draughts, etc.

II. TONICS. In the next place, it is necessary to adopt measures which are calculated to diminish weakness, on the one hand, and allay morbid irritability on the other; for many of these affections of the digestive organs may be said to be constituted almost entirely of these pathological elements, the amount of disorder being sometimes comparatively trivial, and such as would spontaneously cease, if weakness and irritability were removed. These conditions, then, require to be carefully attended to and corrected; and we have fortunately remedies at our command which subserve both these purposes. The first indication we can fulfil by the administration of various tonics; the latter, by medicines which have a sedative or tranquillising action upon the nerves, or upon the ganglia, whence the nerves of the disordered viscera are derived.

The administration of tonics in these cases is imperatively demanded; not only because the digestive organs themselves are weak and irritable, but because the tone of the nervous system generally is impaired, and because these conditions, for the most part, either originate from, or are kept up by, an impoverished state of the blood. From this cause, the constitution at large is depressed and enfeebled, the nervous system is morbidly irritable, and the digestive organs, participating in this general weakness and irritability, become either spontaneously or readily disordered by the operation of trivial disturbing causes. In the table, published in the former part of this paper, the proportion of cases in which anæmia coexisted with chylipoietic disorders is very considerable, amounting to 87 out of 97; and if the statements and representations of patients could be implicitly trusted to, and correctly interpreted, it

would appear that anæmia is a frequent antecedent, as well as concomitant of such disorders. Whether, then, we look to the pathological condition of the digestive organs in these cases, to the state of the nervous system with which it is associated, or to the character of the blood, we see in each and all of these circumstances, individually as well as collectively, a necessity for these measures, or such as are calculated to improve the quality of the blood, and impart strength and vigour to the constitution.

But the exhibition of tonics, just as the exhibition of alteratives and of aperients, requires much circumspection. They are, for the most part, inadmissible, when there is much coexisting disorder; they should be given guardedly when this exists in a moderate degree only; while they are most beneficial where weakness and irritability are the sole pathological conditions which prevail. Again, the form of tonic to be given requires some consideration, as well as its dose, the period at which it should be taken, and the nature of the concomitant uterine affection.

In simple irritability and weakness of the digestive organs, with which the uterine organs may have participated, and which would be characterised by slight uterine uneasiness, moderate leucorrhœa, and irregular or scanty menstruation, the use of iron is decidedly indicated, and it may be given largely with the best results. Probably of all forms, the citrate is the most eligible and efficient, and it should be given in doses averaging from ten to twenty grains, after each principal meal, daily. Where anæmia exists in a marked manner, as is often the case, the latter dose is by no means too large, and, taken as directed, it will sit easily upon the stomach, and occasion no unpleasant effects, whereas one-fourth the quantity, taken before meals, will often produce feverish excitement and headache. Concurrently with this medicine, it is necessary to give an occasional alterative at bed-time, when the tongue has been dry or furred on awaking in the morning; and the bowels should be regulated by some gentle aperient. Besides the direct action of iron upon the blood, which it tends rapidly to improve, it would appear, when so given, to have a specific action upon the nervous system, and more particularly upon the ganglionic portion; hence it will often happen, that the digestive organs will have acquired increased tone and vigour, and that the appetite and digestion will have improved, before the blood has become proportionately altered; and hence, also, an improvement will be observed in the condition of the uterine organs, before any correspondent change can have occurred in the blood.

Irritability and weakness, however, which chiefly indicate, and are

benefited by the employment of tonics, seldom continue long without being associated with disorder; and this, if unattended to, will compromise the advantages which would otherwise result from their employment. Weakness and disorder are, in fact, distinct pathological conditions, and often opposed to one another; so much so, that what is curative of the one, will often aggravate or increase the other. In these cases, then, it is necessary to adopt a medium course; and when both weakness and disorder coexist, and require to be concurrently rectified, it is best to combine alteratives and tonics, adapting their relative proportion to the particular requirements of each case, according as either weakness or disorder may preponderate. When disorder greatly preponderates, it will often be the best practice to premise alteratives, aperients, and a restricted diet, before venturing on the exhibition of tonics. When, again, this is less severe, the two modes of treatment may be combined, alteratives being given at bed-time, while tonics are administered during the day; or, what will often be found to be more useful will be to give the milder tonics, such as the mineral acids, with small doses of the liquor hydrargyri bichloridi, until circumstances will permit the employment of the more powerful. Alteratives and tonics may, indeed, be combined in nearly all these cases with advantage; for weakness and irritability cannot long continue without being followed by disorder; and disorder, for the most part, arises from some antecedent weakness, either of the part or the constitution. Many cases appear to me to have been but little benefited by treatment, because the coexistence of these opposite pathological conditions had either been lost sight of, or not properly attended to or acted upon, in practice.

But the employment of tonics in these cases must be also regulated, in some measure, by the nature of the concomitant uterine affection; for it may happen that this may be such as to forbid their use altogether. In the case, for instance, of active congestion, in that of increased vascular action, and in that of hæmorrhage or menorrhagia, it may be that the use of tonics will be fraught with much danger, notwithstanding the existence of anæmia, by their tendency to perpetuate or increase such vascular actions. Again, there are other instances in which one form of tonic will be useful, while another may be detrimental. Thus in passive forms of congestion of the uterus, in similar forms of leucorrhœa, and in relaxed states of the uterine organs, the most useful tonics are those which are of an astringent character. In such cases, I have found the muriated tincture of iron of extreme efficacy; and it may be rendered less stimulating and more astringent

by giving it in combination with the dilute muriatic acid ; whilst neither of these medicines, separately or combined, is incompatible, chemically, with the liquor hydrargyri bichloridi. In such a combination, then, we have an efficient tonic and astringent suited to many forms of uterine disease, and calculated to give tone to the capillary system, when congestion or hæmorrhage depends upon local or constitutional weakness ; whilst the addition of the liquor hydrargyri bichloridi renders it a mild alterative, suited to those slighter forms of irritability and disorder of the digestive organs, which so often initiate and maintain similar pathological conditions of the uterine organs.

But lastly, there are cases in which extreme disorder of the digestive organs may coexist with extreme weakness, and in which the one morbid element cannot be treated altogether irrespectively of the other. On the one hand, the amount of disorder renders the use of the more powerful tonics, such as steel, quinine, and the vegetable bitters, altogether inadmissible, whilst the great weakness which coexists, renders the use of alteratives and aperients in some degree hazardous. Take, for instance, the case of a delicate, anæmic girl, whose menstruation has been checked by cold or fright. In such it will almost invariably happen, that the digestive organs will, in the first place, be very greatly disturbed, and that much constitutional derangement will follow upon this, and that it will maintain a state of general irritation, which will be incompatible with a return of healthy uterine action. Here, if we have recourse to active treatment, such as the free use of mercury and purgatives, for the cure of disorder, we shall do much harm to the constitution, by increasing the general weakness and irritability. Tonics, on the other hand, are equally inadmissible, from the coexisting disorder, the bad state of the tongue, and the presence of febrile symptoms. In such cases, however, we may do much good by adapting our remedies to the peculiar requirements of each. Thus in the mineral acids (and I refer more especially to the nitro-muriatic and the sulphuric), we have sometimes useful and appropriate remedies. With the former, the liquor hydrargyri bichloridi may be beneficially combined ; with the latter, the sulphate of magnesia ; and, in such combinations, we have a mild alterative and tonic, which is especially suited to those forms of disorder which are under consideration. In farther recommendation of these medicines, it may be added, that the former, given in lemon water, with syrup of ginger, is almost as palatable as lemonade, and the latter, in the compound infusion of roses, is rather a grateful and agreeable medicine than otherwise.

III. SEDATIVES. The above measures comprehend, then, as it

appears to me, those which are especially necessary for the fulfilment of two out of the three indications, which require attention in these cases. I observed that they were constituted, in a great measure, of three pathological elements, viz., weakness, irritability, and disorder, and I have referred to the measures which are generally necessary for the purpose of diminishing the former, and correcting the latter; but it yet remains to consider what additional means can be had recourse to for the purpose of allaying morbid irritability; for, in many cases, this will continue in spite of alteratives and aperients on the one hand, or of tonics on the other, and will thus require to be specifically treated—if, indeed, we are possessed of any specific remedies for it. In some cases of the kind to which I refer, there may be acute pain at the epigastrium, or in various parts of the abdomen, constituting, in the first case, gastrodynia, and in the latter, enterodynia. But morbid irritability of the digestive organs may be manifested in other ways than by absolute pain: there may be simply disquietude or discomfort; a sensation of extreme weakness, or sinking at the epigastrium; the sensation of crawling within the intestines, together with many other sensations of an equally unusual character; or there may be an irregular performance of the alimentary functions, and a great disposition to flatulency, or eructations. These symptoms appear to be directly referrible to some peculiar form of gastro-intestinal irritation, not always dependent upon either applied causes of irritation, mere weakness, or positive disorder, and they are, therefore, not readily amenable to measures which would be curative of these. Fortunately, we have a class of remedies which meet the requirements of these cases; and which, in the absence of direct causes of irritation, extreme weakness, or positive disorder, are eminently efficacious. I speak of such remedies as bismuth, hydrocyanic acid, the oxides of some metals, and more particularly those of silver and zinc.

But of all these, there is none which appears to me to be so generally efficacious, and curative of this form of disorder, as bismuth. I have found it to allay nervous irritability of the stomach and digestive organs generally, more certainly and expeditiously than any other medicine; and, singular to relate, there is none which exercises such a sedative influence upon irritable conditions of the uterine organs, when these are met with as a consequence of gastro-intestinal disorder—a fact which tends to show, that uterine irritability or disorder is often but a reflected consequence of gastro-intestinal derangement. In uterine hæmorrhages in particular, I have found it strikingly efficacious, and often curative of them, when styptics of various kinds had been tried, and had failed. This therapeutical

fact is in accordance with another, which has been observed by Sir J. Eyre, who has found that the oxide of silver has also a powerful influence in restraining uterine hæmorrhages of various kinds—a power which it can only possess in virtue of its sedative action upon the gastro-intestinal mucous membrane, or more properly, perhaps, upon the nervous ganglia, whence this membrane derives its nerves. I cannot doubt its efficacy in such cases, looking alone to the utility of bismuth in them; for it must be quite obvious that the action or *modus operandi* of both medicines, in the cure of these affections, is of an analogous character. The efficacy of bismuth, again, is not confined simply to irritable or neuralgic conditions of the stomach. It is equally curative of irritable affections of the intestinal canal, such as pain, cramp, spasm, flatus, colic, or diarrhœa, when these are not dependent upon applied causes of irritation, or mere weakness or disorder, but depend upon morbid irritability of the mucous membrane, which, although not always, is, sometimes, a consequence of these causes, and as such, may continue long after they may have passed away.

The oxides of the metals are also serviceable in these cases, but more especially those of silver and zinc.

Hydrocyanic acid has enjoyed a considerable reputation in painful and irritable states of the stomach; but, as my experience of it has been more extended, I have become more and more sceptical as to its actual value. I was at one time impressed strongly with a sense of its utility, from the testimony born to its efficacy by numerous authors; but I have been so frequently disappointed in its effects, that I seldom trust to it alone, or administer it except in combination with medicines calculated to serve the same purposes. It is, however, a favourite remedy with many practitioners of deserved reputation, and therefore should not be hastily condemned: possibly its uncertainty may depend upon the manner in which it is prepared by different chemists, and its ready tendency to decompose, rather than upon any positive deficiency of curative power which it may possess.

I have thus noticed the chief indications which appear to me to require attention in the treatment of the disorders of the digestive organs which are under consideration, and the particular means by which these indications should be fulfilled. I have pointed to the co-existence of at least three pathological elements in these cases, namely, weakness, irritability, and disorder. I have, moreover, endeavoured to show that each of these conditions requires to be concurrently attended to and corrected; and I have expressed the opinion, that in

proportion as these requirements are more or less perfectly accomplished, will our success in the treatment of co-existing or consequent disorders of the uterus be more or less perfect. But, it must be added, that the exclusive treatment of disorders of the digestive organs will not alone be curative of such diseases; because they often originate from, and are kept up by others, which, concurrently with those of the digestive organs, maintain a state of general irritability of the system which is incompatible with the return of healthy uterine action; and, if these causes in the aggregate are not adequately attended to and removed, their effects cannot be expected to cease. If anæmia, for instance, coexists with functional disorders of the digestive organs, its removal is as necessary for the cure of the uterine malady, as that of the former. The same remark applies to the coexistence of spinal irritation, which may, and often does, complicate these cases. To show that the disorders in question do really occur in the manner represented, that is to say, for the most, in an associated form, I subjoin the following analysis of the cases previously tabulated, which gives the following result. Of the 100 cases of uterine disorders of various kinds, 97 co-existed with evident derangement of the digestive organs. Of these 97, in one this co-existed with spinal irritation alone,—in 64 with anæmia; in 2 with anæmia and spinal irritation; and in ten only did it occur without either spinal irritation or anæmia. Such facts point to the necessity of taking a comprehensive view of the causes of uterine disorders, and indicate one source of the difficulty and uncertainty which often attends their treatment.

But, before quitting this part of the subject, there is one pathological state of the alimentary canal which it is necessary briefly to advert to, because, either as a cause or a complication, it occasions or complicates uterine or ovarian disease. I refer to morbid conditions of the colon, whether dependent upon an accumulation of fæcal matter in it, flatus, or other causes. In these, the symptoms which are met with so closely resemble those of disease of the uterus or ovaria, that it is not always easy to discriminate between them; and it was only after having repeatedly seen the apparent symptoms of ovarian or uterine disease to disappear by thoroughly unloading the colon, that I became convinced of the importance of this affection in connexion with uterine diseases. The particular condition of the colon to which I refer, has been treated of under the designation of “torpor of the colon”. It sometimes depends upon a more general disorder of the digestive organs, sometimes upon a deficiency of bile, or, again, upon general constitutional weakness, induced by sedentary

habits, night-watching, anxiety of mind, and more especially anæmia. The consequence of these causes frequently is, that the tone and muscular power of the intestine become diminished, and insufficient to overcome the resistance of the sphincter; and hence the evacuations are scanty, and never such as to thoroughly empty the bowel of its contents, although in some cases there may be diarrhœa. This state of the colon is denoted by uneasiness in the iliac regions, by much pelvic pain, which is more especially felt in one or both of the ovarian regions; there is also tenderness on pressure, and a feeling of fulness and resistance from the tension of flatus or the accumulation of fecal matter in the colon, which will often give the idea of ovarian enlargement: there is, moreover, a weight and dragging in the back, a bearing-down sensation often felt in the uterus, and other symptoms, which clearly point to an irritable condition of this organ as the consequence of this affection. By the use, however, of appropriate aperients and tonics, tepid bathing, and a suitable diet and regimen, the evil may generally be overcome, and tranquillity will be restored to the uterine organs, notwithstanding that the condition of the colon may have existed for many months, and throughout have been the cause of much uterine uneasiness.

I shall next proceed to adduce those practical proofs of the correctness of the preceding views, without which what I have advanced might be very properly received with doubt and hesitation. I have hitherto, in treating of chylopoietic disorders as the cause of uterine affections, confined myself to an examination of those theoretical considerations which support the views which I have expressed; and I have endeavoured to show that these are not only reconcilable, but perfectly in harmony with, the facts and principles which have been observed and taught by Hunter, and some of the greatest masters of our art. I have also showed that many circumstances tend clearly to prove that these chylopoietic disorders not only accompany, but, for the most part precede, uterine derangements, and therefore that such antecedence was presumably not merely accidental, but that the former disorder was, in some degree, the cause of the latter. I now propose to strengthen this view, by relating the histories of various uterine diseases which have been treated in accordance with these views; and they will, I think, conclusively establish the fact, that many and dissimilar affections of the uterine organs, and some apparently structural, will entirely disappear under the influence of constitutional measures alone, or with very little specific treatment: whilst others, in which extensive organic disease existed, may be

rendered so far quiescent as not to disturb the health or comfort of the patient. I had at first intended to attempt some order in the arrangement of these cases; but as I proceeded with the task, I found this more and more difficult, and have finally relinquished it altogether. The fact is, we do not observe those conventional forms of disease in nature which are described in our systems of nosology; irritative disease, for instance, of the uterine organs will in one case be manifested by pain, inquietude, and various uncomfortable sensations. In another, by leucorrhœal discharges, with little comparative uneasiness; whilst in a third case, it will be chiefly manifested by menstrual disorders. I have therefore relinquished the idea of arranging these cases according to their nosological characters.

But believing that irritative disorder is, for the most part, the cause of those particular actions, feelings, or sensations, by which disease of an organ is rendered manifest; and believing also, that even in those instances in which organic or structural changes have taken place, that an organ may yet perform its functions tolerably well, if such irritative disorder be corrected, I have made this consideration the basis of a distribution of these cases; and I have classified them in groups, according to the particular symptoms by which such irritative disorder was manifested. In the first group, I have placed those in which uterine disorder was chiefly indicated by leucorrhœal discharges; in the second, those in which it was principally shown by menstrual disorders; and, in the third, I have placed those in which irritative disorder co-existed with organic or structural disease of the uterus. I shall proceed to narrate cases in this order; and shall commence with those in which leucorrhœa more particularly preponderated over the other uterine symptoms.

FIRST GROUP:—CASES OF UTERINE DISEASE MORE ESPECIALLY
ATTENDED BY LEUCORRHŒAL DISCHARGES.

CASE. Mrs. M—s, aged 27, consulted me on the 7th April, 1848, suffering from severe uterine symptoms, and profuse leucorrhœa. The history of her case was the following. She had been out of health for many years, indeed ever since her marriage, which took place even years ago. She had throughout this period suffered much from uneasiness in the uterus, pain in the lower part of the back, and in the hips, thighs, and pelvis generally. She had often severe bearing-down pains, and a constant and sometimes profuse leucorrhœal discharge. Menstruation had been very irregular during the whole of

this period. Before she had experienced any uterine symptoms, her tongue had been habitually yellow and clammy on awaking in the morning; her appetite uncertain and capricious, and she felt a constant craving for food, but was unable to eat any regular meals. The bowels were for the most part confined, and she suffered much from flatulency. From the commencement of these symptoms she had been weak, nervous, and irritable, always awoke unrefreshed of a morning, and was restless and faint at night. She was incapable of doing much, was easily fatigued, and the heart's action and respiration were hurried by the least exertion. Her feet and hands were generally cold and clammy. Prior to their commencement, she had suffered much from mental anxiety and trouble, and these appeared to have been their immediate cause. About eleven months after her marriage she gave birth to a healthy child; eighteen months subsequently to this she had another, but she has not had a living child since. She has, however, been twice prematurely delivered of a still-born child,—the one at seven, the other at eight months of utero-gestation. Subsequently to these, and about six months ago, she had a miscarriage. Her symptoms on consulting me were the following. She was suffering from severe uterine uneasiness almost persistently; she had profuse and constant leucorrhœa and irregular menstruation, which was more scanty than is natural; she complained of severe pelvic pains, extending to the back, hips, and thighs, with a dragging sensation or forcing down of the uterus. Her digestive organs were much disordered, the tongue was coated, and I learnt that it was habitually unpleasant on awaking in the morning. The appetite was bad, the alvine discharges scanty and unhealthy, and the abdomen generally flatulent. She remarked that whatever increased the disorder of her digestive organs always aggravated the uterine symptoms. She was evidently anæmiated, and there was a loud continuous bruit in the neck. The spine was not apparently tender, at least on pressure being made over the dress. The following treatment was recommended. She was directed to take an alterative every second night at bed-time, and the following morning a mild aperient. The citrate of iron was given in full doses thrice daily after each principal meal, the tepid hip-bath to be used every night, and astringent injections. She continued this treatment from the 7th April to the 2nd May, and then reported that she considered herself to be perfectly cured. She had then no uterine pain or leucorrhœa, or any pelvic uneasiness; her general health had been entirely restored; the appetite was good, and the digestive organs healthy. I am enabled to add, that the cure in this case has been permanent, and that she is now (December 1851) in the posses-

sion of the best health, and has entire freedom from all uterine derangement. I may also add, that since the treatment was discontinued, she has given birth to a healthy living child, and that menstruation has subsequently been regular.

CASE. Mrs. C. G—m was seen by me May 10th, 1850, and was then suffering from retention of urine, which had been immediately brought on by a long walk, during which she was unable to relieve her bladder. From the history of the case, it was clear that this was remotely a consequence of long-continued uterine irritation, for which she had consulted many medical men, and submitted to various modes of treatment, but without any benefit. The principal circumstances of her case will be found in the following narrative. She was 27 years of age, and had been married rather more than three years. At the period of her marriage, as well as antecedently, she had not been in good health. She had felt very weak, had been incapable of much exertion, and suffered much from breathlessness and palpitation of the heart. She then, and previously, menstruated irregularly, with much pain and bearing down. Menstruation recurred about every three weeks, and the secretion was scanty and pale. Prior to these symptoms, however, her appetite had been bad, her tongue unpleasant on awaking in the morning, and her digestive organs were generally disordered. Five months after her marriage, she began to suffer from increased irregularity, and for about a period of five months she had an almost constant sanguineous discharge from the uterus. The tongue was throughout unpleasant and clammy, and the stomach and digestive organs much deranged; there was also great debility, and much nervous prostration. Under these circumstances she consulted a neighbouring practitioner, by whom she was attended for a period of five months; but in the end she was in no respect better. His treatment appeared to have consisted mainly in the employment of styptic medicines, and other measures, for the purpose of checking the uterine hæmorrhage. Nothing was done for the constitutional disorder, and the treatment was altogether unsuccessful. Subsequently to this she placed herself under the care of a physician, who, after making a vaginal examination, told her that she had ulcerative disease of the womb, and on his recommendation she submitted to a course of cauterisation of the cervix uteri, with other treatment. From this, also, she received no benefit, and the metrorrhagia continued as profusely as ever. Soon after the cauterisation was commenced, she was seized with sharp cutting pains in the region of the bladder, and retention of urine came on, which from time to time had recurred ever since. On one occasion it continued for several days, and the use of the catheter was daily

required. From such a history, it was impossible to doubt that the symptom for which I was consulted was mainly spasmodic; and I therefore declined to use the catheter, although requested by her to do so. I advised her to have recourse to a warm hip-bath, and to take ten drops of the muriated tincture of iron every half hour, until she was enabled to relieve her bladder, which she accomplished in about two hours. I was subsequently consulted on the subject of her uterine complaint, which may be thus described. She was suffering from various uneasy uterine sensations, leucorrhœa, and irregular menstruation. She had a furred tongue, and her digestive organs were very much disordered. She was weak and very much anæmiated; and these forms of constitutional disorder had preceded and attended the uterine derangement throughout its whole course. There was then evidently with the uterine affection a disordered state of the stomach and digestive organs, and an impoverished condition of the blood; and the history showed that these were not simply the consequences or the concomitants of the uterine malady, but its antecedents, if not its positive causes. It was, moreover, hopeless to expect healthy action in an organ having such extensive sympathies as the uterus, whilst these forms of constitutional disorder continued. Acting upon these considerations, the treatment recommended was almost entirely constitutional. An alterative was given at bed-time every second night, until the disordered state of the tongue and digestive organs was corrected. The bowels were regulated by mild aperients, the diet was carefully attended to, and a full dose of the citrate of iron was ordered thrice daily. She was advised to take regular exercise, and to use the tepid hip-bath every night at bed-time. Upon this simple treatment her health rapidly improved; and the uterine symptoms concurrently disappeared, without any specific or local treatment whatever. The menorrhagia ceased as well as the leucorrhœa. She has had no return of retention of urine, or of any uterine uneasiness or disorder during a period of eighteen months, and has gained flesh, strength, and blood. She has moreover enjoyed better health than she has had for many years past.

CASE. Mrs. Sarah W—s, aged 45, applied at the Paddington Free Dispensary, July 2, 1850. She was suffering from severe pain in the uterus and back, had frequent bearing-down pains, and general uneasiness in the pelvis, together with a profuse leucorrhœal discharge. The uterus was examined, but neither the cervix nor the os uteri appeared to be diseased. Her general health, however, was bad. She was weak, nervous, and anæmiated; her tongue was habitually unpleasant in the morning, her bowels confined, and her appetite impaired.

It appeared that she had been suffering from uterine symptoms for many years, during which time she had had a great deal of anxiety, and her general health had been throughout much disturbed. She was married at seventeen, and shortly afterwards had a very severe labour, since which she had never been free from some kind of uterine uneasiness. She had consulted a variety of medical men, but without receiving much benefit. About five years ago she placed herself under the care of a physician, who told her that she had "ulcers on the neck of the womb"; and that her ill health, as well as uterine symptoms, depended upon these. On his recommendation, she submitted to a course of cauterisation; and, for about three months, she had the nitrate of silver applied to the cervix nearly every week. At the end of this time, her health was not materially improved, and she remained under the care of the same physician for nearly two years longer. She was still, at the end of this period, by no means cured of her complaints, and she had ever since continued to suffer from uterine uneasiness and very indifferent health. The leucorrhœal discharge was not in the least lessened by the treatment adopted. She said that she had felt the effect of the cauterisation ever since, and that she had rather declined than otherwise in health. Finding that her digestive organs were in a very disordered state, that the blood was very much impoverished, and that these circumstances evidently kept up a very irritable state of the nervous system generally, with which the uterine organs seemed especially to participate, I recommended treatment of a constitutional character alone, which had especial reference to the state of the digestive organs, the blood, and the nervous system generally. She was ordered to take an alterative every second night, with an occasional aperient in the morning, until the tongue became clean; and the ammonio-citrate of iron, in rather large doses, during the day, in combination with bismuth and the sesquicarbonate of ammonia. No local treatment was recommended, beyond the occasional use of a weak alum injection. Upon this plan her general health improved, and, concurrently with this, the uterine symptoms passed away. On the 16th October, I made the following entry respecting her case:—She states that she has no pain in the uterus to speak of, no leucorrhœal discharge, and only a slight occasional pain in the back; that her appetite is better than she ever remembers it to have been; and that she is as well as she can possibly expect to be, considering that she has a good deal of anxiety.

CASE. Mary S—e, aged 40, married, applied, October 1st, at the Paddington Free Dispensary, suffering from profuse leucorrhœa, pain in the lower part of the back, uneasiness in the groins and hips, much

pain and tension of the left iliac region, and constipated bowels. These symptoms began about eighteen months ago, and she attributed them to catching cold. The first bad effects she suffered from this, were much disorder of the stomach and bowels, a bad tongue, and an unpleasant taste in the morning. These symptoms were followed by nervous irritability and disturbance; and, subsequently, the uterine symptoms declared themselves. Shortly after their accession, she placed herself under the care of a medical gentleman, and was attended by him for rather more than four months; but, at the end of this time, she was not materially better. The leucorrhœal discharge continued profusely, and she was given to understand by him, that this could not be altogether removed. He had carefully examined the state of the uterus, and had applied nitrate of silver twice a week to the cervix for about a month. She continued, however, to suffer more or less from uterine symptoms, as well as general ill health, up to the end of the following September, when she began to suffer, in addition, from severe pain and tension in the left iliac region. On the 1st October, she came under my care. She was then suffering generally from disorder of the stomach and alimentary canal, but the descending colon appeared to be especially at fault. There was extreme pain in the left iliac region, and a very tense and flatulent condition of this part of the intestine. There was also much pelvic uneasiness, whilst, from the constipated state of the bowels, it appeared to be almost certain that the colon was loaded with feculent matter. The patient was weak and anæmiated; there was marked spinal irritation about the lumbar region; and she was suffering from profuse leucorrhœal discharge, and bearing down of the uterus. On making a digital examination, the cervix appeared to be somewhat more voluminous, and the os uteri more open, than in health; and, on introducing the speculum, the mucous membrane was found to be slightly congested and dark-coloured, around the os uteri. I touched this portion lightly with the nitrate of silver, and ordered her treatment which was calculated to remedy, conjointly, the state of the blood, the spinal irritation, and the disordered state of the digestive organs and the colon. She was directed to rub the lumbar portion of the spine, as well as the left flank, night and morning, with ten drops of croton oil, until pustulation should be produced; to take an alterative every second night, and a mixture containing the citrate of iron, with bismuth, rhubarb, and ammonia, three times a day. She continued this treatment from the 1st to the 27th October, rather more than three weeks; and during that period, the congested portion of the mucous membrane of the cervix was twice touched with the nitrate of silver, and she occasionally used

a weak alum injection. She had on the 28th Oct. no leucorrhœa; no pain either in the uterus, side, or back; the tongue was clean; her appetite was good, and her bowels regular; she had no tenderness over the spine, and considered herself to be perfectly cured.

CASE. Sarah C—n, aged 25, applied, August 1st, at the Paddington Free Dispensary. She was suffering from profuse leucorrhœa, dysmenorrhœa, and general weakness and ill health. These symptoms had come on about twelve months before: she attributed them to over-fatigue and want of rest,—the result of her having had to nurse an invalid lady, who required her services nearly all night for several nights together. The consequence of this, was, that her appetite failed, the tongue became very much furred, and the digestive organs, generally, very unhealthy. Subsequently, leucorrhœa came on, and afterwards, dysmenorrhœa. From that time she became nervous, hysterical, and weak. About five months ago she married, and since then had been getting much worse. The leucorrhœa had increased, as well as the dysmenorrhœa; there was marked tenderness over the lower part of the spine, and she was evidently weak, dyspeptic, and anæmic. She was ordered to rub the spine, night and morning, with the tartar emetic ointment, until pustulation took place; to take an alterative at bedtime, occasionally, when the tongue was unpleasant on awaking; and a tonic mixture during the day,—containing the sulphates of iron and quinine. Upon this plan she was perfectly cured; by the 30th she had lost the leucorrhœa, and had menstruated without pain. The treatment of the latter symptom will be hereafter noticed.

CASE. H. T—r, aged 25 (single), applied to me, April 20th, for advice, suffering from extreme weakness, loss of appetite, and general ill health. She had much leucorrhœa, pains in the womb, small of the back, hips, and thighs. She menstruated regularly, but with much pain; her tongue was habitually unpleasant in the morning; her bowels were confined, and the urine was scanty and thick; she was anæmiated, and had a loud venous murmur in the neck. She had been ill three years, and for the greater part of this time had been under medical treatment; but had not, she said, received any benefit from it. She was ordered to take an aloetic pill, occasionally, before dinner, and the citrate of iron after meals. A week after this, not being any better, the leucorrhœa continuing to be profuse, and the lower part of the spine very tender upon pressure, the citrate of iron was omitted, and the muriated tincture was given instead, together with the dilute muriatic acid and the liq. hyd. bichlor. She was also directed to rub the tender part of the spine night and morning with the tartar emetic ointment. She continued this treatment for a fort-

night; and at the end of this time was, in every respect, better; her tongue was clean, her appetite good, her bowels regular; and she had no leucorrhœa or uterine uneasiness. From this time she was directed to take only the citrate of iron, after meals. On the 26th May, rather more than a month from the date of her first consulting me, she reported herself perfectly well in every respect. Nearly three years have elapsed since this patient came under my care, and I am told that she has ever since enjoyed uninterrupted good health, and that the cure has been permanent.

CASE. Mary I—ll, aged 24, applied at the Paddington Free Dispensary, February 25, 1851, suffering from pain in the left breast, with much uneasiness in the uterus, and bearing down. At times, this uneasiness was very considerable; it was generally increased by walking or standing, and relieved, but not entirely removed, by lying down. She had also much pain and uneasiness in the lower part of the back, as well as in the pelvis generally. She had had one child prematurely; the presentation was transverse, and she suffered very much in the birth. Three years had elapsed, and ever since she had had some uterine pain, which was worse sometimes than at others. She had menstruated regularly, but suffered much from leucorrhœa. Her digestive organs were very much disordered; her tongue was furred; and the stomach was extremely irritable. She was also weak and anæmiated. She was directed to take an alterative every second night at bedtime, to regulate the bowels by the mildest aperients, and to take ten grains of the citrate of iron three times a-day, with ten of bismuth, and five minims of the medicinal hydrocyanic acid. On the 20th of March, having continued this treatment from the 25th of February, she reported that the uterine uneasiness had entirely left her, that the digestive organs were tranquil and healthy, and that she felt altogether very well.

CASE. Mary M—ss, aged 44, married, applied, in July 1850, at the Paddington Free Dispensary, suffering from much pain in the back and loins, extending down to the uterus, a bearing down of this organ, and considerable leucorrhœa. She was altogether out of health, anæmiated, and dyspeptic. Her tongue was habitually dry and unpleasant, her appetite bad, she felt pain at the epigastrium after eating, her bowels were flatulent and extremely costive, and she had well marked tenderness over the lower part of the spine. She had suffered from these symptoms many years; and three years previously had placed herself under a physician, by whom she was attended for a period of ten months. After making a vaginal examination, he informed her that she had an ulcer on the neck of the womb, about the

size of the tip of his finger, and that upon this her ill-health, as well as uterine symptoms, depended. On his recommendation, she submitted to a course of cauterisation. At first, caustic was applied twice a week; afterwards less frequently, and then only occasionally. She was ordered, at the same time, to use injections. This treatment was continued for about ten months, together with various internal remedies; but, at the end of this period, she was far from being well, and, up to the present time, her health has been very indifferent. Occasionally, the uneasiness of the womb had been very severe; as well as the back-ache and leucorrhœa. Finding that her general health was very bad; that her stomach and digestive organs were more or less constantly disordered; that she was very weak, nervous, and anæmiated; and that she was suffering from spinal irritation, I directed such treatment as was calculated to correct these disorders, with, in addition, the occasional use of alum-water injections. She was ordered an alterative every second night; a tonic, containing the tincture of the muriate of iron, acidulated with the dilute muriatic acid; and to keep up for a time mild counter-irritation over the tender part of the spine. She continued this treatment rather more than two months; and, at the end of three, she reported that she was better in health than she had been for many years, and, in fact, convalescent. Her tongue was clean, and her bowels regular; she had no uterine uneasiness or back-ache, and very little leucorrhœa. She felt strong, and equal to any ordinary exertion.

CASE. Abi H—t, aged 38, applied at the Paddington Free Dispensary, September 24, suffering severely from leucorrhœa. She was married, and had five children; and, during the last three or four years, had suffered much from pain in the back, weakness, and bearing down of the uterus, with much leucorrhœa. Her general health was very bad; she was very much depressed, weak, nervous, and anæmiated. Her tongue was habitually dry and unpleasant in the morning, and she awoke without being refreshed. Her appetite was bad; and she was incapable of much fatigue. She was ordered alteratives and tonics. On the 28th of October she was perfectly well; the leucorrhœa was gone; the tongue was clean; and the appetite good; she had no back-ache; and felt stronger and better than for many years.

CASE. Emma T—d, aged 23, applied September the 15th, suffering much from leucorrhœa, with pain in the uterus and back. Menstruation was regular, but attended with much pain. She was generally weak, nervous, and dyspeptic. She was also very anæmic, and had a loud venous bruit in the neck. Her tongue was habitually dry and unpleasant of a morning. She was ordered the cold hip-bath every

morning; an alterative at bedtime occasionally; and the muriated tincture of iron with dilute muriatic acid, with small doses of the liquor hydrargyri bichloridi three times daily. On the 24th of October, she was perfectly well; had no leucorrhœa or uterine uneasiness; her digestive organs were healthy; and she felt strong and well.

CASE. Miss T—g consulted me May 3rd, 1849. She had been ill for three years, and had been for a long time previously under medical treatment, without having been materially benefited by it. She complained of extreme languor and debility, and incapacity of undergoing any fatigue. She was pale, and very much anæmiated; the tongue was furred, and had been so for some time; her bowels were very irregular, being sometimes costive, and sometimes relaxed; she had no appetite, and suffered much from uneasiness at the epigastrium after eating. She had also had, for some time, a profuse leucorrhœal discharge, with pain and dragging at the back. The menstrual functions were irregularly performed, and generally with pain. There was a loud venous murmur in the neck, and the pulse was weak and small. The treatment entirely consisted in correcting the disordered state of the digestive organs, and improving the condition of the blood. She took an alterative every second or third night, and as much of a warm rhubarb mixture every morning as would insure the regular action of the bowels. And, as the tongue got cleaner, she was ordered the citrate of iron, with salines. By the end of the month she was perfectly well, the appetite was good, the bowels were regular, and the leucorrhœa entirely absent. She has since enjoyed very good health, and has had no return of any of her former symptoms.

CASE. Elizabeth E—e, aged 27, applied for advice on Oct. 10th, suffering from leucorrhœa, uterine uneasiness, with pain and dragging from the back. Her general health was, and had been prior to the manifestation of these symptoms, very bad. She had been weak, nervous, and hysterical; her appetite was bad; her tongue and mouth were dry, furred, and unpleasant. She had generally menstruated regularly; but, at the time of her last period, menstruation did not take place. She was suffering profusely from leucorrhœa, and had much pain in the uterine region, which was increased by walking or standing, but relieved on lying down. For these symptoms, I ordered her an alterative every second night, and a mild aperient on the following morning. After four days, she was ordered the citrate of iron, with ammonia and salines, in rather large doses, after each principal meal. On the 17th, she reported herself to be better; and, on the 26th, to be quite well. Her tongue and digestive organs were healthy; and she had no leucorrhœa or uterine uneasiness.

CASE. Hannah B—e, aged 30, applied for advice in March 1850. She had been suffering more or less, for many years, from leucorrhœa, which had continued throughout the entire month, with pains in the lower part of the back and loins, in the pelvis generally, and more especially in the region of the uterus. Her menstruation had been regular, but always attended with much pain; her digestive organs were much disordered; the tongue furred in the morning; she awoke tired and unrefreshed; was throughout the day weary, languid, and weak; her appetite was bad; she suffered much from flatulency, pain in the bowels, and constipation. The left colon appeared to be the seat of much uneasiness. There was pain and tension in the left iliac region, and evidently much flatulence. She was at first ordered an alterative every night for three nights, and a pill, consisting of equal parts of the compound extract of colocynth and compound rhubarb mass, every day for three days before dinner. A week afterwards, she was better: the tongue was cleaner, and the bowels less flatulent and more regular. The leucorrhœa, however, still continued. She was now ordered to use a cold hip-bath every night, and the muriated tincture of iron during the day, combined with the dilute muriatic acid; and, concurrently with this, to take an alterative occasionally at bedtime, with such aperient medicines as would insure the regular action of the bowels. A month after this treatment had been commenced, she stated that she was considerably better; that she had scarcely any leucorrhœa; and that her digestive organs were comparatively quite healthy.

REMARKS. These cases need not, I think, be extended; for they appear to me to be sufficient to establish the correctness of the views which they have been brought forward. We observe, for instance, that in each, constitutional disorder had existed antecedently to the occurrence of the uterine affection, which followed upon, or, as it were, sprung out of it; that in all there was a considerable similarity in the character of the uterine symptoms, as well as in that of the constitutional derangement; whilst likewise in all, a great mitigation, if not complete cessation, of the uterine malady was effected through the influence of constitutional, rather than of specific treatment.

The clinical history of these cases, coupled with the results of treatment, appears to me to give a peremptory refutation to some statements which have recently been put forward on the subject of uterine diseases, and which would not only identify these cases with the existence of inflammation and ulceration of the cervix uteri, but would assert the indispensable necessity of specific topical measures for their cure.

Thus we are told, that the symptoms of inflammatory ulceration of the cervix uteri are "pains in the lumbo-dorsal, ovarian, and hypogastric regions, and down the thighs, with, in some instances, difficulty of walking, and a sensation of bearing down on standing or moving, vaginal discharge, modifications of menstruation, giving rise to dysmenorrhœa, menorrhagia, or amenorrhœa, constipation or diarrhœa, and irritability of the bladder. That the general symptoms are principally dyspeptic, neuralgic, and hysterical conditions, entailing secondarily defective general nutrition, and consequent debility and anæmia." Now, it will be observed, that these are precisely the symptoms which were met with in nearly all the cases which I have related, and yet, with scarcely an exception, they were found to disappear, without any recourse to those specific measures which, we are told, are necessary for the cure of inflammation and ulceration of the uterus. Thus, it must be obvious, either that the symptoms in question do not depend upon these lesions, or that they are curable without those specific measures of treatment, which have been represented as being necessary for their removal.

But, in truth, it may be affirmed, that the symptoms above quoted, do not by any means indicate either singly, or in the aggregate, the presence of inflammatory ulceration of the cervix uteri. They are met with as the consequence of uterine *irritation* alone, which, although sometimes associated with inflammation, congestion, ulceration, and other forms of structural disease of the uterus, may nevertheless occur independently of any of these lesions, and when of a severe character, may give rise to uterine symptoms of corresponding severity. If we analyse them, we shall find that they are referrible to two heads, the one being local or uterine; the other, constitutional; and that neither, either singly or combined, is necessarily pathognomonic of any particular pathological condition of the uterus. Thus, the constitutional symptoms point for the most part to those derangements of the nervous system, the blood, and the digestive organs, which I have shown to *precede* rather than to *follow* upon uterine disorder; whilst the local, comprehending, for the most part, pain and various uneasy sensations in the uterine, ovarian, and lumbar regions, with irregularity of the menstrual functions, and leucorrhœal discharges, are common to a variety of functional disorders of the uterus.

Leucorrhœal discharges, I need scarcely remark, are constantly met with, independently of any inflammatory action whatever. They may arise from mere uterine or vaginal irritation, whether induced by causes acting directly or sympathetically upon the uterine organs. They have occurred as the result of epidemic and endemic influences.

and of other general causes which tend to depress and lower the vital powers. They may occur as the consequence of impaired general health, however induced; of mental emotion and uneasiness; of diseased conditions of the blood, and certain constitutional diatheses; and of irritative disorder of the digestive and other organs, sympathetically reacting upon the uterus. Whilst, as a consequence of local influences, they are met with in connexion with every possible physical and vital lesion to which the uterine organs are subject; and hence, however severe or long-continued, they cannot, in any sense or variety, be considered as pathognomonic of the existence of inflammatory ulceration, or of any form of structural disease of the uterus.

Neither can pain or uneasiness, however severe, or functional disorder of the uterus, however intense, be regarded as pathognomonic of such lesions. These symptoms are also met with in their severest forms as the sole consequence of uterine irritation, which has been known to continue for years without leading to or being attended by any perceptible alteration of the uterine tissues. This is especially observable in the disease which has been so graphically described by Dr. Gooch, under the designation of the "irritable uterus"; and we have the following strong testimony to the truth of this remark in his paper on that disease. "I took it," he says, "for chronic inflammation which would end in disorganisation; but experience, whilst it taught me that it was a very intractable disease, taught me also that it was not a disorganising one. I became familiar with its obstinacy, and less apprehensive about its result, for I know *cases which have lasted upwards of ten years, in which the structure of the uterus is as unaltered now as it was at the beginning of the disease, as far at least as can be determined by examination during life.*" I have fully verified the correctness of Dr. Gooch's description of this disease; and in a paper on the *Irritable Uterus*, published in the LONDON JOURNAL OF MEDICINE for May 1851, I have reported cases in which all the symptoms existed which have been attributed to inflammation and ulceration of the uterus, and yet were unattended by any perceptible vascular or structural change of the organ, and where the symptoms entirely disappeared under the influence of treatment which must have considerablyasperated inflammation had it existed.

In the January number of the same Journal, p. 45 (for 1852), a gentleman, who appears to have paid much attention to the subject of uterine complaints, has taken some exception to the views which I have expressed in that paper, and to some of the cases which I have related in support of them, because, as he observes, "when he came to study them, he found in almost every instance all the symptoms of chronic in-

flammation and ulceration of the os uteri; and from these *symptoms* he affirms that inflammation *must have existed* notwithstanding that I could discover no evidence of it on a digital examination, and that the patients entirely recovered under the influence of constitutional treatment alone. He has criticised more especially cases VI and VII; for case IX was only reported for the sake of its clinical history, and not with any view to the results of treatment, inasmuch as this was not undertaken. He affirms that the following symptoms, which were met with in No. VI, are conclusive as to the presence of inflammation and ulceration of the os uteri in that case, viz., “great pain, bearing down, and back-ache, increased by walking and standing; leucorrhœa, painful and frequent menstruation, prolapsus, tenderness on examination, a premature confinement eighteen months before, tongue furred, appetite bad, constipation, disorder of stomach and digestive organs, anæmia.” Now with reference to this affirmation, I would observe, with all deference, that if Mr. Falloon acts upon this assumption, and concludes that inflammation and ulceration of the cervix uteri necessarily exist wherever these symptoms are met with, he will sometimes be led into very grievous mistakes, and occasionally into a very unwarrantable mode of practice. That they did not exist in the cases which he has referred to, is a point upon which I can entertain no possible doubt, whether I look to their history, the general or local symptoms by which they were denoted, or the results of treatment; and as Mr. Falloon has intimated that the treatment adopted in these cases could only have been temporarily beneficial, and that patients who have been so treated “invariably lapse back to that condition whence they started on returning to their old régime”, I have felt it due to myself and to the subject under discussion, to ascertain and to publish the *present* state of health of the two patients whose cases he has animadverted upon.

Having found their addresses by means of the Dispensary books, I requested a professional friend to visit each, and to report their present state of health; and the subjoined letter, which has been obligingly sent me by the gentleman who undertook the inquiry, will perhaps be interesting, if not instructive, to Mr. Falloon, in connexion with his remarks on those cases.

MY DEAR SIR,—I have visited and made careful inquiries of Charlotte Ward and Margaret Nadauld, whose cases stand Nos. 6 and 7 in your paper on the *Irritable Uterus*, as to the nature of the malady for which you were consulted, and the results of the treatment which was adopted. I took a copy of your paper with me; and after a full inquiry, can verify the correctness of the report of each case in every

particular. I am also enabled to state, on the testimony of the patients themselves, that the treatment adopted was attended with the most *decided* and *permanent* success. Both have enjoyed good health ever since, and neither has had any return of their former uterine symptoms. About six weeks after treatment Charlotte Ward became pregnant, and at the full time was delivered of a healthy child, which with its mother is doing well. Margaret Nadauld tells me that she has never been so entirely free from uterine uneasiness for the last twenty years. I am, my dear sir, very truly yours,

THOMAS MOORE.

Cambridge Street, Hyde Park, January 3, 1852.

I am at a loss to know what stronger evidence could be adduced in support of the correctness of the views which I have ventured to express in my paper on the *Irritable Uterus*, or what can more conclusively refute the assertions of those who are disposed to attribute uterine derangement so exclusively to inflammation and ulceration of the cervix uteri, than the statements contained in this letter, coming, as it does, from an unbiassed and competent medical practitioner. With regard to these cases, it should be observed, that it had been positively asserted by a gentleman well acquainted with the subject of uterine complaints, that inflammation and ulceration of the cervix *must* have existed, and which by implication could only have been successfully treated by local cauterisation, etc.; and yet we learn that the uterine symptoms, not only entirely, but permanently, disappeared under the influence of constitutional treatment alone.

But I should be very greatly misunderstood, if it were inferred, from anything which I have written, that I deprecated the use of the speculum, as Mr. Falloon would suppose, or that I underrated the utility and importance of topical applications in the treatment of uterine disease. I believe that there are many cases in which we can only obtain a correct knowledge of the uterine malady by an ocular examination of the organ, and that there are some in which, from long continued irritation or other causes, vascular and organic changes have taken place, which can only be effectually treated by topical measures. Nevertheless, I believe that these form but a small proportion, in comparison with those in which uterine symptoms depend upon *irritation* alone, and where this has arisen from, or is pendant upon constitutional derangement. Moreover, even in those cases in which vascular or structural changes may have taken place, I believe that even such lesions, within certain limits, are corrigible by the corrective powers of the constitution, when these are properly

supported by judicious treatment. Every one employed in the practice of midwifery, must be aware of the severe injury which the uterine tissues sometimes undergo in the progress of difficult and laborious parturition, and as a consequence of manual and instrumental interference; and yet it must have been remarked by such observers, that these injuries are by no means unfrequently sustained and repaired by the curative powers of the constitution alone, without being followed by any particular, or long-continued uterine derangement. Some of the cases which I have related in this part of my paper are also affirmative of the same principle; for it is more than probable that, in many, vascular disease had supervened upon irritative disorder; for some had been of many years' duration, and, as a general rule, it is found that such disorder is sooner or later followed by morbid vascular changes in the affected part. Yet these, if present, were found to yield to the corrective powers of the constitution, assisted by appropriate treatment, equally with the irritative disorder upon which they depended.

Looking, again, to what occurs in the instance of disease of other organs of the body, and considering how successful the curative powers of the constitution often are in effecting its removal, I cannot but think that too little importance has been attached to this principle of cure, by those who have advocated the frequent and almost exclusive employment of topical measures in the treatment of uterine diseases. There is scarcely an organ or tissue of the body in which inflammatory and ulcerative disease is not susceptible of being remedied by the natural efforts, either through the agency of actions spontaneously occurring in the part affected, or through the compensating influence of some other. In the mucous cellular and cutaneous tissues this remark especially holds good; and even in the case of the pulmonary organs, which of all others might be supposed to be the least susceptible of such actions, it has been surmised, upon very strong grounds, that not only is vascular disease thus removable, but that even extensive solutions of continuity and cavities have been healed by the efforts of the constitution, when these have been properly supported. Why then should it be assumed that the uterine organs are incapable of the same reparative actions? I do not, as I have observed, wish to disparage the utility of topical treatment *within certain limits*; but I affirm, that it is an error to suppose that uterine derangement, which has sprung, as it were, out of a disordered state of the general health, or which is perpetuated by it, can be successfully treated by local measures, whilst its constitutional origin or cause is overlooked. Some, indeed, of the cases which I have reported prove the truth of this remark; for in

several, local eauterisation, etc., had been assiduously employed for a lengthened period, by very competent practitioners,—and yet with but little success. Of this, at least, I am assured, that in proportion as the correct pathology of uterine disease is better understood,—in proportion as its relations to constitutional causes are more fully appreciated, and the earlier indications of uterine disorder more carefully investigated, will our treatment of them be more successful; and thus also will the necessity for those specific measures be done away with, which it must be equally painful for the practitioner to employ, as for the patient to submit to.

SECOND GROUP. CASES OF UTERINE DERANGEMENT MORE ESPECIALLY MANIFESTED BY MENSTRUAL DISORDERS.

In this series, I have more particularly included cases of amenorrhœa, irregular menstruation, and menorrhagia; but, in doing so, I have felt some difficulty in determining the exact nosological position of several cases which I have met with. Thus the term amenorrhœa comprehends at least three varieties. Firstly, those known under the appellation of *emansio mensium*, where the discharge has not appeared at the ordinary period of puberty; secondly, those of *retentio mensium*, where the discharge has been delayed or protracted beyond its usual periods, after menstruation has been established; and thirdly, those of *suppressio mensium*, where it has been interrupted when taking place at its ordinary period. These different divisions, I need not say, comprehend many cases of a very dissimilar character; and in deferring, therefore, to popular usage, and giving cases under this appellation, it will doubtless be found that some have been included whose pathological characters differ very widely. So, also, in regard to menorrhagia, a certain latitude has been taken, and such instances of uterine hæmorrhage have been introduced under the term, which were independent of organic uterine disease, on the one hand, or of pregnancy or its immediate consequences, on the other. I have done this, because it is not always easy to determine what sanguineous discharges from the uterus are to be considered as strictly menstrual, and what are independent of this function: and, moreover, because it appears to me, that the same causes which give rise to excessive menstruation, are also those which, in many cases, give rise to uterine hæmorrhage independently of it. Dr. Loeck's experience is also accordant with this view; for, in an article on hæmorrhage, in the *Cyclopædia of Practical Medicine*, he observes, that those who have suffered much from menorrhagia, are also those who are peculiarly liable to suffer from uterine hæmorrhage, after abortion or parturition. Believing, then, that the causes of menorrhagia are,

at the same time, often those of metrorrhagia, I have introduced them indiscriminately in the present series; excluding, on the one hand, all cases of uterine hæmorrhage which had occurred in connexion with pregnancy or child-birth, and, on the other, such as were connected with organic uterine disease, such as fibrous tumours, polypi, cancer, encephaloid, etc.

I. CASES OF AMENORRHŒA.

CASE. Louisa P—k, aged 21, applied at the Paddington Free Dispensary, suffering much uneasiness in the hypogastrium, which was always increased by standing or walking, and relieved by lying down. At times it would cease entirely, and again return in violent paroxysms. Occasionally she had a sensation of bearing down of the womb. She suffered slightly from leucorrhœa, and had not menstruated for three months. Before menstruation was interrupted, or she had any uterine symptoms, she was very much out of health. Her tongue had been very bad, especially on awaking in the morning. She awoke tired and unrefreshed; and had felt, for some time, weak, low, and nervous. These symptoms had preceded the menstrual suppression by many months. On admission, she was evidently weak, and very much anæmiated; her tongue was furred, and her bowels were constipated; there was much tenderness, also, of the lower part of the spine; the uterine pain was severe, and recurred for the most part in paroxysms. She was ordered an alterative every second night, ten grains of the citrate of iron after each meal, and to have the lower part of the spine rubbed with the tartar-emetic ointment. On the 28th of May she was better, the tongue was pleasanter, and the bowels more regular. The ointment had produced pustulation over the spine, and the uterine pain was less persistent. On the 20th of June, her general health was restored; the uterine pain was gone, as well as the leucorrhœa; the tongue was clean, and she felt in every respect very well. Menstruation had not yet returned. Persistat. June 30th, she reported that menstruation took place on the 25th, without pain or discomfort, being rather more than a month from the date of her coming under treatment.

CASE. Hannah C—s, aged 23, single, applied at the Paddington Free Dispensary, March 28th, 1851, in consequence of not having menstruated for five months. Her menstruation had been immediately checked by her getting wet feet; and, until this took place, she had been regular from the age of seventeen, when her first menstrual period took place. Her general health, previous to the suppression, was very bad. She was weak and nervous, and had been obliged to

resort to medical advice. She had apparently been both dyspeptic and anæmic. On applying at the dispensary, she was very anæmic, nervous, and depressed; she was also suffering from a catarrhal cold. She was ordered fifteen grains of the citrate of iron after each meal, and to put her feet every night into warm mustard and water. On the 26th of April, having regularly taken the steel, with an occasional aperient, she reported that menstruation had returned, with some degree of pain, on the 18th. Her general health had improved; the tongue was clean; and appetite was good. Previously to menstruation taking place, she had suffered much from leucorrhœa; but since its restoration this had ceased.

CASE. Mary Ann B—t, aged 15, applied at the Paddington Free Dispensary, January 28th, 1851, in consequence of menstruation having stopped. She first menstruated at fourteen, but scantily, and only for one day; and after this she had no menstrual appearance. At the time of this occurrence, she was engaged very closely at dress-making, and her health suffered from the confinement and want of air and exercise. She became very weak, nervous, and irritable, dyspeptic, and feverish. She awoke in the morning unrefreshed; and her tongue was dry, furred, and unpleasant. She had not suffered from leucorrhœa, but had had occasional uneasy sensations in the uterus. She was now very weak and anæmic; and her tongue was dry and furred on awaking in the morning, but apparently clean during the day. Five grains of blue pill every second night, and twenty grains of the ammonio-citrate of iron after each principal meal were prescribed. March 7th. She had continued the treatment up to the present time. The steel had been taken generally twice a day; and the pills, on an average, twice a week. Her general health was much improved; the tongue was clean, the appetite good, and the bowels regular. Menstruation returned on the 5th of March.

CASE. Sarah S—e, aged 16, applied February 4th, at the Paddington Free Dispensary, suffering from menstrual suppression, together with severe headache, and general bad health. She had menstruated for the first time twelve months ago, and this took place twice afterwards; but subsequently to this there had been no further menstruation. She had throughout been in a bad state of health, was very weak, and incapable of much exertion. Her tongue had been dry and unpleasant in the morning, and she generally awoke unrefreshed. Her symptoms on admission were those of anæmia in a severe form, with much disorder of the digestive organs. She was simply directed to take four grains of blue pill every second night, with twenty grains of the ammonio-citrate of iron after each principal meal daily. On the

10th of March she was perfectly well. She had not suffered from headaches or faintings for the last two weeks; her appetite was good, tongue clean, and bowels regular. Menstruation took place on the 4th of March, exactly four weeks from the commencement of this treatment.

CASE. Magdalen M—ll, aged 16, applied, November 16th, at the Paddington Free Dispensary, suffering from menstrual suppression, together with an aggravated form of anæmia, and irritative disorder of the digestive organs. She first menstruated at fourteen, and continued regular until four months ago, when she ceased to be so without any obvious cause. Prior to this, however, she was very weak and out of health; the tongue was occasionally furred of a morning, the appetite bad, and the bowels constipated. She also suffered severely from headaches, dyspnœa, and palpitation of the heart on making any effort. On admission, she had a loud venous bruit in the neck, and all the symptoms of anæmia in a severe form. She was ordered an alterative occasionally at bed-time, and twenty grains of the ammonio-citrate of iron after each principal meal. The bowels were to be regulated with castor oil. On the 26th of January menstruation had returned, and her general health was perfectly good; her appetite was excellent, she had a good colour, and felt strong and well.

CASE. Mary Anne B—e, aged 17, applied at the Paddington Free Dispensary, December 3rd, in consequence of suffering from amenorrhœa. She first menstruated at thirteen, and was regular until a year ago, when menstruation became very irregular, sometimes returning every week, sometimes every six weeks, and each return was attended with much pain. Previously to this irregularity, her health was generally very bad. She had felt weak, low, and nervous; her stomach and digestive organs had been much out of order; the tongue dry and unpleasant of a morning; and the bowels confined. All this had been preceded by a great deal of mental trouble and anxiety. Two years ago she lost her brother, who was accidentally killed; and, twelve months previously to that, her mother died. For the last twelve months she had been in a very laborious situation, and had undergone much fatigue. She was now very anæmic and weak; her stomach and digestive organs were much disordered: she was hysterical and nervous, and suffered a good deal from leucorrhœa, with pains in the back. She had not menstruated for six months. She was directed to take five grains of blue pill at bed-time occasionally, and twenty grains of ammonio-citrate of iron after each meal. On the 27th of December, she was better; the tongue was clean, and the appetite good. As, however, the leucorrhœa continued, the citrate of iron was omitted,

and the muriated tincture given instead, with dilute muriatic acid, and drachm doses of the liquor hydrargyri bichloridi. On the 4th January menstruation returned, and she felt in every respect perfectly well.

CASE. Mary Anne W——s attended, December 20th, suffering from amenorrhœa, together with anæmia and dyspepsia. She first menstruated when between twelve and thirteen years of age, and continued until six months ago, when she caught cold during menstruation, and since then had not been regular. Before this happened, her tongue was habitually dry, furred, and unpleasant on awaking of a morning; she felt weakly and languid, and was incapable of undergoing much fatigue. On the suppression taking place, her stomach and digestive organs became additionally disordered, and remained so ever since. On admission she was much anæmiated, and was suffering from considerable disorder of the stomach and digestive organs, with much leucorrhœa. She was ordered to take an alterative every second night at bed-time, and the acidulated muriated tincture of iron, with drachm doses of the liq. hyd. bichlor., three times a day. On the 31st of December she was in every respect better and stronger; the tongue had improved, and she had gained colour. Menstruation returned the preceding evening, but was attended with a good deal of pain.

CASE. Augustine A—t, aged 23, applied December 3rd, 1850, suffering from amenorrhœa, pain in the uterus, bearing down, and leucorrhœa. She had not menstruated for six months, and the suppression, she thinks, was occasioned by getting wet feet. Previously to this, however, she was not in good health, her tongue had been dry and unpleasant of a morning, her appetite bad, and her bowels constipated. These symptoms were much increased on the suppression taking place, and had continued persistently ever since. She was also weak, and incapable of much fatigue. To take an alterative at bed-time occasionally, and twenty grains of the ammonio-citrate of iron after each meal daily. On the 18th of December, she reported that she had continued that treatment up to that date, that she felt perfectly well, and had symptoms of returning menstruation; the appetite was good, the tongue clean, and the bowels regular.

CASE. Eliza H—y, aged 17, applied at the Paddington Free Dispensary, November 12th, 1850, suffering from amenorrhœa, in conjunction with anæmia and dyspepsia. She first menstruated at fifteen. But her health at this time was very bad; her digestive organs were irritable and disordered; and she felt weak, and incapable of much exertion. Soon after this, her menstruation became irregular, and then ceased altogether; and she had not again been regular up to the pre-

sent time. She was now very weak and anæmic, and her digestive organs were very much disordered. She was directed to take an alterative at bed-time occasionally, the citrate of iron in full doses after meals, and to regulate her bowels with castor oil. In little more than a week from the date of commencing this treatment, her health had greatly improved; her digestive organs had become more tranquil and healthy; and, with this improvement, her menstruation returned in a regular manner, and without pain or uneasiness.

CASE. Margaret R—n, aged 31, applied at the Paddington Free Dispensary, September 26th, 1851. She was suffering from occasional pains in the uterus, bearing down sensations; some degree of leucorrhœa, and very irregular and interrupted menstruation. She first menstruated at eighteen; but previously to this, as well as subsequently, she had suffered much from dyspeptic symptoms, a bad tongue in the morning, an uncertain appetite, and constipated bowels. Throughout, she has never menstruated regularly, but for the most part at intervals of seven and eight weeks. She married at eighteen, but never had any family; and on the occasion of her applying for advice, had not menstruated for seven weeks. Her digestive organs were generally much disordered; the left colon was especially the seat of much uneasiness; and there was very acute pain and tension in the left iliac region, with constipation and a general fulness of the bowels. She was weakly, nervous, and incapable of much fatigue, and always awoke in the morning languid and unrefreshed. There was a loud venous bruit in the neck, and her inner lips and palpebral conjunctivæ were very pale. She had also marked tenderness over the lumbar and sacral regions of the spine. She was ordered to apply sinapisms nightly to the tender part of the spine, to take an alterative every second night at bed-time, and a draught three times a day, containing the trisnitrate of bismuth, citrate of iron, rhubarb, and sesquicarbonate of ammonia. This mixture had the effect of keeping the bowels regular, and relieving the flatus and tension of the bowels. The treatment was continued until the 21st October, and she then reported that menstruation had come on more naturally than it had ever done previously. She continued the treatment up to the 29th, and then reported that she had no uterine pain, uneasiness, or leucorrhœa; that her stomach and digestive organs were tranquil and healthy; and that she considered herself to be in perfect health.

REMARKS. It would be foreign to my purpose to discuss, in the present paper, the specific or proximate cause of amenorrhœa, or to consider how far it depends primarily upon an affection of the ovaries

or the uterus. I shall content myself by observing that, in a state of health, a certain consent appears to subsist between the uterus and the ovaria; that this is necessary to the development and continuance of healthy menstruation; and that, although some of the local causes of amenorrhœa may directly or more immediately affect either the uterus or the ovaria individually, the majority are of a constitutional character, and react concurrently upon both, through the medium of their nervous endowments. What, then, is the nature of these constitutional causes? What are the affections of the general system upon which it most frequently depends? What are the relations of amenorrhœa to constitutional disorders?

And, in the first place, I would remark, that one of its most powerful predisposing causes is a morbidly irritable or susceptible condition of the nervous system at large—a condition which is sometimes met with as an inherent specific or original defect of the constitution, but more frequently as the result of various causes which tend to debilitate or depress the general health. Of these, I would more especially mention the influence of long-continued, severe, or exhausting diseases; a too artificial mode of living; irregularities of diet; sedentary or enervating pursuits; immoderate study; over fatigue; late hours; insufficient rest or sleep; a residence in unhealthy localities; and continued grief, mental emotion or uneasiness. These causes, sooner or later, seldom fail to produce an irritable condition of the nervous system, which is favourable to the production of various functional disorders. Under the influence of these causes it happens, that the uterine organs are imperfectly supplied with nervous energy; that the balance of the various functions of the body is readily disturbed, and that impressions, which, in a state of health, would be received without any unfavourable reaction, become the cause of many local irritations, and consequent disorders. The same causes, again, tend to interfere with the process of sanguification itself; and thus the uterus, deprived of that pabulum from which its secretion is to be elaborated, becomes, under the influence of the menstrual effort, not only morbidly irritable, but, at the same time, incapable of furnishing that secretion which is best calculated to relieve such morbid irritability. Can it, then, be a matter of surprise that uterine irritation, thus set up and continued, should react unfavourably upon the constitution, and become the efficient cause of many secondary disorders? This state of the nervous system, then, especially demands attention in the treatment of amenorrhœal affections; and the difficulties which we often meet with in correcting it, constitute some of the principal difficulties with which we have to contend in the treatment of amenorrhœa. When, for instance,

it is connected with mental and moral influences, which do not admit of removal, or with harassing or laborious pursuits, which cannot be relinquished, we can expect to do little more than to palliate. But, in other cases, much may be done by judicious measures, by such as invigorate the body, and act agreeably upon the mind and the nervous system; by the regular employment of cold bathing, the administration of bark, bitters, chalybeates, or other mineral tonics, and such attention to diet and regimen as is calculated to fulfil the indication which has been proposed.

Another predisposing cause of amenorrhœa is to be found in a defective or impoverished condition of the blood, which, like the state of the nervous system which I have spoken of, is sometimes met with as the result of original causes, but more frequently as the effect of various incidental circumstances, which tend to derange the general health. In the instance of females whose constitutional powers are not great, it is often met with as the mere consequence of the growth of the body, and the development of those changes which are incidental to puberty, of which the function of menstruation itself may be considered as one of the most important. But, however induced, whether from original or applied causes, it is almost invariably found to be followed by, or associated with, disorder of the stomach and digestive organs, which cooperates with it in giving rise to a state of uterine irritation which is incompatible with the maintenance of healthy menstruation. Thus uterine and gastric irritation are simultaneously set up, and by their reciprocal reaction on each other tend to disturb the whole constitution, and, in some cases, to give rise to that aggravated form of derangement which is known as chlorosis. In the treatment of this affection, then, it is necessary to bear in mind, and to rectify, the various collateral disorders with which anæmia may be associated; to endeavour to appease uterine and gastro-hepatic irritation, at the same time that we endeavour to improve the condition of the blood; and, concurrently with this, to correct such disorders as may have followed upon local or spinal irritation in any part of the body.

A third cause of menstrual irregularities, is the existence of functional or organic disease in remote organs. In the progress of severe or long-continued disease of any important organ, menstrual irregularity or suppression is almost inevitably met with; and I may refer to affections of the lungs, and to phthisis in particular, as illustrating this remark. But I believe careful investigation will often lead to the discovery that menstrual irregularity is frequently excited, and continued, through the influence of mere irritative disorder of

rious organs or parts reflected upon the uterus, which are not ways very obvious, and therefore require to be sought for to be recognised. Of these, one of the most frequent is gastric or hepatic derangement, which often occurs in a very decided manner, without being indicated by any very manifest symptoms.

I have referred to this subject more particularly in treating of dyspoietic disorders, in a former part of this paper; and would now merely observe, that a similar view has been taken by other writers. Thus Dr. Butler Lane observes, that, as the result of three years' experience and research, he is enabled to affirm, that an anatomical and physiological relationship exists, in the female, between the liver and the uterus; and that such relationship is apt to be disturbed by many disorders which primarily implicate either organ individually. M. Roche, however, takes a much wider view of the subject; and, in an article in the *Dict. de Méd. et de Chir. Pratiques*, tom. p. 137, maintains that none of the predisposing causes of amenorrhœa are so powerful as the existence of any serious chronic disease, whatever may be its nature, whether chronic gastritis, or chronic pneumonia, or pleurisy; and so frequently does this species of cause appear to him to operate, that he pronounces that amenorrhœa is in nearly all cases but a symptom, and not a disease. Without going to any length that is here contended for, the circumstance in question deserves to be carefully considered in medical practice; and it points to the importance and necessity of looking beyond the mere condition of the uterine organs, and to the state of the general health, in order to become acquainted with the causes and the proper treatment of amenorrhœa.

The cases which I have brought forward in this paper essentially support the truth of the foregoing observations. In nearly all, it would appear that amenorrhœa had been attended by constitutional weakness or derangement, an irritable state of the nervous system, a defective condition of the blood, and irritative disorder of the stomach and digestive organs, whilst their histories also tend to shew that in most cases these derangements had existed antecedently to the menstrual suppression. On the other hand, in those in which this occurred in the direct operation of causes upon the uterine system, it would appear that it had been rapidly followed by some form of constitutional disorder, which had attended it throughout, and to which may be attributed the production of a state of general and uterine irritation, incompatible with the return or continuance of healthy menstruation. I say this, because in all, on correcting the constitutional disorder, the menstrual functions were spontaneously resumed without any specific treatment.

Whether then menstrual suppressions arise from local or constitutional causes, it is equally necessary to attend to and remove the latter; for, although the constitutional disorder may have been in the first place but a symptomatic affection, it is nevertheless calculated to react injuriously upon the uterine organs, and so to interfere with the return of their menstrual function.

II. CASES OF MENORRHAGIA.

CASE. Mrs. E. B. consulted me June 28th, 1849, under the following circumstances. About three months ago she had a miscarriage, subsequently to which she suffered much from menorrhagia, and for this more especially she sought advice. It was, however, evident that for some time previously to this miscarriage her digestive organs had been greatly disordered, that this disorder had continued throughout her illness, and was very marked at the time of her consulting me. Her present symptoms were the following: the tongue was greatly furred throughout, and was especially unpleasant on awaking in the morning; she slept badly, and felt languid and unrefreshed on getting up; her appetite was bad and capricious; she felt uncomfortable after eating, and suffered much from flatulence; her bowels were irregular, and for the most part constipated; her nervous system was irritable; she felt weak, and was easily alarmed. There was a loud venous bruit in the neck, and she had all the symptoms of a marked form of anæmia. Independently of the hæmorrhage from the uterus, there was a profuse puriform discharge from the vagina also, and this had led her medical attendant to suspect the existence of ulcerative disease of the cervix uteri. Believing, however, that the uterine disease was rather secondary to the disorders I have mentioned than idiopathic, I proposed, in the first place, a trial of constitutional treatment. Three grains of blue pill, and seven of the extract of henbane, were directed to be taken every second night, with a warm rhubarb draught the following morning; she was directed to use a tepid hip bath both night and morning, and to take ten grains of the citrate of iron with salines in effervescence three times daily. On the 4th of July, she was better; the uterine hæmorrhage was less, the tongue was cleaner, and the leucorrhœal discharge had also lessened; she felt stronger, and was more equal to exertion. On the 18th July, she was still better as regarded her general health; she looked better and felt stronger, the hæmorrhage had entirely disappeared, and her appetite was good.

CASE. Mrs. F. S., a young lady of rather delicate constitution, was attended by me in her first confinement on the 1st May, 1849; the

her labour was natural, comparatively easy, and over in about eight hours ; an unfavourable circumstance occurred in connexion with it, and at the end of a fortnight I left her in every respect perfectly well. On the 11th June, I was again summoned to see her, in consequence of a somewhat profuse sanguineous discharge from the uterus having taken place, and which had continued for several days. I found her very much debilitated, and in every respect in a very different condition to that in which I had left her ; she was weakly, nervous, and very hysterical and anæmiated, and her stomach and digestive organs were greatly disordered. On inquiring into the history of these symptoms, it appeared that on account of some little apprehension on the subject of her labour, the stomach and digestive organs had become very irritable and disordered, and that consequent upon this, uterine hæmorrhage had taken place. At the time of my visit, her tongue was much furred, her appetite was bad, and her bowels were flatulent and constipated. These symptoms, I found, had attended the uterine hæmorrhage throughout ; and had evidently followed upon the digestive disorder. Under these circumstances I did not hesitate to prescribe exclusively for this latter affection. For a week she was simply directed to take alteratives at regular intervals, with mild aperients in the morning ; and under this treatment, in the course of a week, the uterine discharge had nearly disappeared. Seeing, however, that she was very anæmic, I now ventured to give the citrate of iron twice a day, in addition to the other treatment, which was directed to be continued at longer intervals. At the end of another week, the hæmorrhage had entirely ceased, and she was in every respect better ; but I advised her still to continue the alterative and tonic treatment concurrently for some time longer. In the course of a short time, however, the hæmorrhage again returned, and I found that it had again been preceded by chylopoietic disorder, which appeared to have arisen from her having discontinued the alterative medicine and taken exclusively the tonic. I again pointed out to her the belief that the uterine disorder was a consequence of that of the digestive organs, and urged her again to revert to the alterative treatment which I had previously recommended. From this time, she regularly took it at intervals, until her digestive organs became healthy, and concurrently with it she took also the citrate of iron. She continued to progress favourably, without any styptic whatever being employed, or any local treatment being employed, and has not had any return of uterine hæmorrhage up to the present time.

CASE. Rebecca G——r, aged twenty-four, applied December 3rd, 1841, suffering from almost continuous menorrhagia. She was confined on the 5th November, but her labour was neither attended nor

followed by any particular hæmorrhage or any puerperal illness. It appeared, however, that she had never been quite free from a slight sanguineous uterine discharge; and at the time of her applying for advice, this had become very profuse. From her history, it appeared that previously to her labour she had suffered much from anxiety and trouble; that the tongue had been dry, furred, and unpleasant, both prior to her labour, as well as subsequently to it; she had also been thirsty and feverish. At the time of her applying to me, she had all the symptoms of severe gastro-intestinal disorder; the tongue was extremely furred, her appetite bad, and her bowels flatulent and confined; in addition, she was weak, low, and very much anæmiated. She was directed to take an alterative every second night at bed time, and during the day small doses of the muriated tincture of iron, with muriatic acid and the liq. hyd. bichlor. On the 20th December, she had perfectly recovered, without any specific treatment whatever. The tongue was clean, the appetite good, her bowels regular, and the thirst and fever gone; the hæmorrhage had entirely ceased, and she had no pain in the uterus, or discharge of any kind.

CASE. Matilda B—n, aged twenty-one, was attended by me the 23rd December, 1850, in consequence of suffering from profuse menorrhagia, which had continued for several days uninterruptedly. The history of her case was the following: she had recently left France, and was living as nursemaid in a family in which she was a perfect stranger; on crossing the channel, it appeared that her stomach had been very much disturbed, and that she had incessant retching, without being actually sick. Soon after the passage, and while the stomach was yet much disordered, menstruation came on, and became unnaturally profuse and persistent. Throughout this, her stomach continued very irritable and much disordered, her tongue was much coated, her appetite bad, and the bowels generally flatulent and constipated; the stools also were scanty and unhealthy. As the hæmorrhage was very profuse, gallic acid was given in the first place, together with alteratives and aperients; but as it became more and more certain that the hæmorrhage was a simple consequence of chylopoietic disorder, astringents were thrown altogether aside, and simply alteratives and aperients were given. Fifteen grains of blue pill were given in divided doses in the course of twelve hours, and a mild aperient subsequently: in twenty-four hours after this, the digestive organs had become more healthy and tranquil, and the tongue clean; with this change the menorrhagia ceased, and did not again return.

CASE. Elizabeth K—g, aged 44, attended at the Paddington Free Dispensary, January 21, 1851. She was suffering from extreme weak-

ness and prostration, headache, and nervous symptoms, which were evidently connected with a severe form of anæmia, which was consequent upon profuse and persistent menorrhagia. Her history was the following. She was married at twenty-one, had had nine children, and had suckled each on an average upwards of a year. About fourteen months ago, she had a severe bowel complaint, which confined her to her bed for five weeks, and reduced her strength very much. Almost immediately after this she became pregnant, and throughout the whole of gestation suffered very much from ill health. In particular, she was very weak, and had marked derangement of the stomach and digestive organs; she was moreover on several occasions threatened with premature labour, each threatening being preceded and occasioned by an aggravation of the chylopoietic disorder. She stated also, that whenever her stomach was much disturbed from any cause, uterine uneasiness and a threatening of premature labour invariably came on. About five months ago she was confined, and had an easy labour, but ever since she had been suffering from increased weakness and prostration, and various nervous symptoms. Her tongue on awaking was habitually dry, furred, and unpleasant; the appetite bad; the bowels irregular, at times being costive, and at other times purged; they were also, for the most part, flatulent and uncomfortable. She continued to suffer for ten weeks after labour from a slightly coloured uterine discharge; and, although suckling, she now menstruated profusely every month. She had all the symptoms of anemia in an aggravated form; was weak, nervous, and irritable, and had considerable disorder of the stomach and digestive organs; with this there was profuse menorrhagia, which was always increased by any aggravation of the gastric disorder. The treatment recommended was five grains of blue pill every second night, and small doses of the ratiated tincture of iron, with muriatic acid and the liq. hyd. bichlor., during the day. On the 20th February, she had not been able to stand for three weeks in consequence of weakness: she had consequently taken no medicine during this period, and the hæmorrhage returned severely. She was directed to renew the medicines previously ordered, and in addition, to take five grains of gallic acid every three hours. On the 26th February, the hæmorrhage was much better: her tongue and appetite had also improved. She was now directed to take bismuth and citrate of iron three times daily, with the alterative occasionally at bed-time. From this time she rapidly improved in health: the menorrhagia disappeared, and it has not subsequently returned.

CASE. Mrs. H. M—y applied at the Paddington Free Dispensary

in October, suffering from uterine hæmorrhage, which had continued almost uninterruptedly for three weeks. She had been confined eleven months ago, and was still suckling her child, and she was consequently weak, nervous, and anæmic. The hæmorrhage had been preceded, and was probably immediately occasioned by mental anxiety, and consequent upon this the tongue and digestive organs had become in the first place disordered. The lower part of the spine was very tender on pressure; the tongue was dry, furred, and unpleasant on awaking in the morning, but not obviously coated or disordered during the day. Her appetite was bad, the bowels flatulent, and, for the most part, confined. She felt weak, nervous, and depressed, and there was a loud venous bruit in the neck. She was directed to take five grains of blue pill every second night, and the citrate of iron, with bismuth, during the day, combined at first with gallic acid; to discontinue suckling, and to apply sinapisms to the lower part of the spine at stated intervals. In three days the hæmorrhage had ceased, but the tonic and alterative treatment was continued a fortnight longer. At the end of a month, she reported that she had had no return of hæmorrhage, and felt perfectly well. The tongue was clean; the appetite good; she felt less depressed and generally stronger, and also in good spirits. I have since seen her, and find that no return of hæmorrhage has taken place.

CASE. Mrs. Elizabeth J—s, aged 37, applied at the Paddington Free Dispensary, July 12th, 1851, in consequence of having profuse menorrhagia or metrorrhagia. She had been labouring under this affection for five years, and during the whole of this period had scarcely been a week free from some degree of uterine hæmorrhage. She could attribute it to no other cause than mental anxiety and trouble, of which she said she had experienced a great deal. Throughout the whole of this period, as well as previously, her tongue had been habitually dry, furred, and unpleasant on awaking in the morning, but for the most part it was tolerably clean during the day. Her appetite was bad, and she had frequently pain at the epigastrium after eating. The bowels were also flatulent and confined; she was generally weak, nervous, and depressed, and felt languid and unequal to much exertion. These symptoms, I learnt, had preceded the uterine affection, and had continued throughout its progress. She had been under medical treatment almost constantly for the last five years, but still continued to suffer, with very little amendment in spite of what had been done. On applying at the Dispensary, she had all the foregoing symptoms in a very marked manner. Her digestive organs were very much disordered, and the lower part of the spine was also very tender upon pressure. On examining the uterus digitally, there was no dis-

ease discoverable either in the mucous membrane or the cervix uteri. The treatment recommended was therefore entirely of a general character; she was directed to take alterative doses of calomel and henbane occasionally at bed-time, and the sulphate of soda in half-ounce doses every morning, to apply a blister to the lower part of the spine, and to keep it open for some days with savine ointment. This treatment was continued for about three weeks. At the end of this period the uterine hæmorrhage had ceased, the digestive organs had become healthy, and the spinal irritation removed. Four months subsequently I again saw this patient, and learnt from her that throughout this period she had continued perfectly well. She had menstruated regularly and normally, without any disposition whatever to hæmorrhage.

REMARKS. Many writers have remarked, that in most cases of excessive menstruation the general health is greatly deranged. "There is", says Dr. Ryan (*Manual of Midwifery*, 4th edit., p. 346), "indigestion, flatulency, heartburn, pyrosis or water-brush, pains in the back and chest, loins, and extremities, lowness of spirits, and generally leucorrhœa, or whites." These symptoms point to the existence of chylopoietic derangement in a marked form, and it is important in a practical point of view to determine whether this occurs as the cause or the consequence of the menstrual disorder. Now the cases which I have recorded tend, I think, to determine this point, or, at least, to show that in a certain proportion the symptoms in question, when met with in connexion with menorrhagia, are its antecedents rather than its consequences; and, inasmuch as the cure of the menorrhagia is often to be effected by that of the chylopoietic disorder, without any specific treatment whatever, as was shown in several of these cases, it must follow, that it is not merely its antecedent, but its positive cause also. There cannot, for instance, I apprehend, be any doubt that in these the disposition to uterine hæmorrhage was in a great measure the consequence of gastro-intestinal derangement; and this view is supported, both by their histories and the results of treatment. But further, many collateral circumstances are in favour of this opinion. It was observed by Mr. Abernethy, that his observations in surgical cases led him to attribute many hæmorrhages to a sympathetic action of the heart and arteries, excited by disorder of the digestive organs. He observes, indeed, that the whole capillary system of the body appears to be sympathetically affected by various states of the stomach. The connexion between uterine hæmorrhages and derangement of the stomach and digestive organs has been specially referred to by Dr. Ayre in his work on *Disorders of the Liver*. He has drawn

attention to the fact, that many forms of *post partum* hæmorrhage depend upon it. He ascertained that in many of these cases the liver was especially affected, and that calomel was the most efficient medicine that could be employed; at first, he ascribed its efficacy in restraining uterine hæmorrhage to the evacuation of morbid matters from the bowels; but, he observes that further and more accurate observation of the colour and condition of the stools, of the course of the disorder, and the effects of the remedy, convinced him that such was not the case, and that the efficacy of the medicine arises from its alterative action upon the liver and other organs of digestion.

So also the cases which have been published by Sir James Eyre, in his *Practical Remarks on some Exhausting Diseases*, and his experience of the oxide of silver as a remedial agent in uterine hæmorrhages of various kinds, would seem to bear a similar interpretation; for he has shown that this medicine, which has extraordinary power in allaying morbid irritability of the gastro-intestinal mucous membrane, and as such is deservedly popular in the treatment of dyspeptic affections, is, at the same time, a valuable remedy in cases of menorrhagia. He observes, indeed, that he had found it superior in such affections to all means which he had employed during an active professional life of more than thirty years. The efficacy of bismuth in similar affections, under certain circumstances, which I have myself personally witnessed, is in favour of the same doctrine; and, indeed, I think it may be conclusively shown from these and a variety of other circumstances, that many forms of menorrhagia owe their origin chiefly to an irritable or disturbed state of the stomach and digestive organs, and that where these pathological conditions coexist, we are by no means justified in assuming that the latter is the mere consequence of the former. On the other hand, the history of such cases, if carefully investigated, will often demonstrate that it had rather preceded than followed upon it; and this circumstance, which is especially shown in the foregoing cases, is of extreme importance in practice, for by bearing it in mind, we shall avoid directing our remedies merely to an effect or consequence, whilst the original cause is overlooked.

THIRD GROUP. CASES OF UTERINE DERANGEMENT COINCIDENT WITH STRUCTURAL DISEASE OF THE UTERINE ORGANS.

I PROPOSE, in the last place, to introduce a few cases of this description, in illustration of the general remarks which I have made on the Relations of Uterine to Constitutional Disorder; and in doing so, it is more especially with the view of directing attention to the influence of

various remote or constitutional causes in the production of a state of uterine irritation, which *superadded* to organic disease I believe to be often the efficient or exciting cause of many of those formidable symptoms which are so liable to occur in the progress of these diseases.

Structural disease of an organ, as I have remarked, is not necessarily incompatible with the moderately healthy performance of its functions, or even with comparative freedom from discomfort, if disorder can be averted or removed. Indeed, it has often happened, that with care, an organ extensively diseased has been enabled to perform its functions for a lengthened period, without occasioning any very serious detriment to the constitution. The causes, then, of such disorder, while they demand to be carefully investigated in all cases, more especially claim our attention in the instance of those which like the present are not susceptible of radical cure.

Of all the circumstances which compromise the welfare of the patient in the progress of these diseases, there is none which is so liable to occur as *uterine hæmorrhage*; by this, perhaps more frequently than by anything else, has the life of the patient been endangered, or her constitution seriously and irreparably injured; and hence it is an occurrence which should not only be treated, but, if possible, anticipated and averted. In speaking of simple menorrhagia, I adduced several facts to show, that this often occurs as the result of uterine irritation, secondarily set up, and sympathetic of disorder of other organs, more especially of the chylopoietic. The following cases are calculated to prove that the same principle applies to those hæmorrhages which occur in connexion with organic disease of the uterus, and it is that therefore one which deserves to be remembered and acted upon in their treatment. I have at least found, that treatment directed to its removal was, in many cases, of more avail than the mere routine employment of styptics and astringents.

CASE. CONSIDERABLE ENLARGEMENT OF THE UTERUS REACHING TO THE UMBILICUS FROM INTERSTITIAL FIBROUS DEPOSIT: MENORRHAGIA. Mrs. V—r came under my care on the 9th October, 1850. She was emaciated, sallow, and bloodless, and had been for some time under medical treatment, but without having derived any particular benefit from it. She had for some years suffered much from mental anxiety, since which her health had very visibly declined; and twelve months before, she had had a very severe attack of cholera, which further reduced her very much. In the course of the preceding summer she left London, and placed herself under the care of a medical friend, with whom she remained for about two months; but at the end of that time she was not materially better, and on her returning home,

her friend called with her upon me, and expressed a very unfavourable opinion of her case. He observed that he considered that she was suffering from organic disease of the liver, and that there was congestion of almost every important organ of the body. He had treated her with mercurials, and had, indeed, endeavoured to get her system under the influence of mercury, but no good had resulted, and, upon the whole, he thought that her case was little better than hopeless.

I visited her shortly after this interview, and found her as I have stated, weak, nervous, emaciated, and bloodless, and altogether very much broken down. Her digestive organs were irritable and disordered; her tongue was frequently clammy and unpleasant on awaking in the morning; her appetite was uncertain, and her bowels irregular. She had, moreover, that peculiar sallow, chlorotic appearance which indicates an aggravated form of anæmia and dyspepsia combined. On two occasions, she had suffered rather profusely from menorrhagia, but as this had occurred many months before my visit, and as she had no other uterine symptom, pain, or disorder, I did not feel justified in making a special examination of the uterus on that occasion. I was, however, unable to discern any evidence of organic disease of the liver, or of the other chylopoietic organs, and believing that her case was one rather of extreme anæmia, complicated with irritative disorder of the digestive organs, and dependent in a great measure upon mental influences, I decided upon treating the case upon general principles. I prescribed the occasional use of mild alteratives at bedtime, with gentle aperients the following morning; and I directed her to take the citrate of iron in full doses after each principal meal daily. Under this treatment, and with due attention to diet and regimen, her health rapidly improved, so much so indeed as to be a matter of astonishment to her friends, who had altogether despaired of her recovery. She passed a menstrual period favourably, and towards the approach of the second, was apparently perfectly convalescent. She had gained considerably in flesh, acquired a good colour, and was equal to much exertion. At this menstrual period, however, profuse menorrhagia took place. The exciting cause of this, I was unable to learn; but I felt it necessary at once to institute a careful examination of the uterus, and I found, to my surprise, that it reached as high as the umbilicus. Its structure was, moreover, dense, firm, and resistant, but it was uniformly smooth and free from any tuberosities. On a vaginal examination, the cervix was found to be considerably hypertrophied: but this hypertrophy was continuous with that of the body, and the uterine parietes were unusually firm and resistant. The os uteri was somewhat open, but not more so than is usual during ordinary menstruation. Nothing

could be discovered within the interior of the uterus, and, upon the whole, it appeared probable that the extraordinary enlargement of this organ was dependent upon interstitial deposit within its parietes. As, however, its nature was doubtful, the opinion of Dr. Robert Lee was taken respecting it, which coincided with that which I have stated.

Under these circumstances, the immediate treatment was directed to the suppression of the hæmorrhage by cold and styptics, and such general measures of diet and regimen as are indicated in these cases. In the course of a day or two, the hæmorrhage had subsided, and the constitutional treatment previously adopted was again had recourse to; but with this addition—the patient was especially warned to be careful at the approach of the menstrual periods, and to anticipate hæmorrhage by taking a few doses of gallic acid before each return, in addition, to be quiescent, and to take an alterative at bedtime whenever the tongue was dry or unpleasant in the morning.

The result of this treatment has been, upon the whole, highly satisfactory. It was continued for little more than a month; but nearly eighteen months have since elapsed, and, with one exception only, there has been no return of the menorrhagia. Throughout this period she has experienced no other symptom or feeling of uterine disorder, and has enjoyed, upon the whole, good health—subject, however, to the necessary consequences of trouble and mental anxiety.

CASE. INDURATION AND HYPERTROPHY OF THE CERVIX UTERI. FIBROUS TUMOUR OF THE FUNDUS. PROFUSE MENORRHAGIA, RE-
CURRING FREQUENTLY FOR MANY MONTHS. Mrs. B—h, aged 34, was first seen by me at one a.m. on the 21st November, 1848, in consequence of having been attacked by profuse flooding, which threatened to endanger her life. It was supposed to be connected with a miscarriage, but on a vaginal examination nothing of the kind could be detected, whilst it was at once evident that the cervix uteri was much diseased, that there was a fibrous tumour attached to the fundus uteri at its right side; that the body of the organ was throughout enlarged, and could be readily felt above the pubis. The immediate treatment consisted in the employment of cold externally, and the internal exhibition of the acetate of lead with opium. After a day or two had elapsed, the hæmorrhage had, in a great measure, subsided, and the following history was obtained.

Many years ago, she had had profuse flooding after a labour, and it occurred to such an extent, that her life was despaired of. Ever since that, she had been weakly, nervous, and indisposed. Menstruation had been irregular, generally in excess, and had recurred on

an average every three weeks. About twelve months ago, she was led to believe, from its temporary interruption, that she had become pregnant; and six weeks subsequently to this, flooding to a considerable amount took place, but without being attended by any appearance of a miscarriage. For this she consulted a late eminent physician, who inclined to the opinion that if she had not already miscarried she shortly would do so, and he prescribed such measures as were calculated to moderate hæmorrhage. After a time, this attack ceased; but in a few weeks it was followed by another, and successive recurrences of hæmorrhage took place up to the time of my visit. I ascertained that throughout the whole of this period, and, indeed, antecedently to the labour, which was followed by so much flooding, that the patient had suffered from great disorder of the stomach and digestive organs. Her tongue had been habitually coated thickly in the morning; her appetite most uncertain; and her bowels very irregular. Her nervous system had been depressed and irritable; and she had for some time past been unequal to much exertion. So long, indeed, had she suffered from these dyspeptic symptoms, that she could not be persuaded that they were otherwise than natural to her, and with this impression she declined to adopt any measures for the cure of the disorder.

The hæmorrhage ceased under the treatment I have mentioned, but it still continued to recur occasionally. About the end of May, 1849, she attended a concert which was extremely crowded and close, and this led to a severe relapse. Hæmorrhage took place to such an extent that she was again impressed with the idea that she was about to miscarry, and Dr. Locock was consulted in her ease. He made a careful examination of the uterus, and came to the conclusion that she was not pregnant. He pointed out the diseased condition of the neck and body of the uterus, which I have mentioned, and suggested that the vagina should be plugged if the hæmorrhage should threaten to be dangerous; and he suggested, also, a trial of the liquor arsenicalis internally. In time this attack ceased also, as had the former; but relapses continued to recur, and the patient, finding that specific treatment afforded no permanent benefit, consented to adopt such general measures as would correct the disordered state of the stomach and digestive organs. These consisted more especially in a course of alteratives and aperients, with a carefully regulated diet. They were continued for some little time, but in the end proved eminently successful. The hæmorrhages ceased to recur as before; and after staying a few weeks at the sea side, she returned home much better than she had been for a long time. Menstruation became normal, and she subsequently became pregnant. I have reason to believe that this patient

as ever since enjoyed good health and freedom from uterine hæmorrhage or uneasiness.

CASE. FIBROUS ENLARGEMENT OF THE NECK AND BODY OF UTERUS: SEVERE METRORRHAGIA. Mrs. B——d, aged 40, was attacked with uterine hæmorrhage on the morning of the 3rd September, 1849, and was seen by me in the course of the same day. She had some doubts as to whether she was pregnant, and therefore about to miscarry, as menstruation had been delayed somewhat beyond its usual period, but on a vaginal examination this did not appear to be the case. The neck of the womb was, however, much enlarged, and its body lobulated with fibrous growths. With this condition of the uterus, the patient's general health was much deranged; she was weak, nervous, and irritable, very much depressed, and easily fatigued; her digestive organs were also very much disordered; her tongue was coated, her appetite had been bad, and her bowels much confined: it further appeared that she had habitually suffered from these symptoms for many years; more particularly, her tongue had been unpleasant on waking; she felt unrefreshed after sleep, and had an uncertain and capricious appetite, with much languor and depression: she was, moreover, at the time of my visiting her, anæmic, weak, and generally out of health. My experience in other cases, where dyspepsia coexisted with uterine hæmorrhages connected with organic disease of the uterus, led me at once to address myself to the cure of the former; and the treatment recommended was accordingly entirely directed to the disordered state of the stomach and digestive organs. Very little more than alteratives were prescribed; yet by these alone the hæmorrhage subsided in a few days, and it was observed to do so concurrently with the improvement which took place in the state of the stomach and digestive organs. In three weeks it had entirely ceased. Shortly afterwards she became pregnant, and she has since continued to enjoy good health, and entire freedom from uterine uneasiness or hæmorrhage.

CASE. CARCINOMA UTERI; METRORRHAGIA. Mrs. Elizabeth S——e, aged 69, applied at the Paddington Free Dispensary, September 22, suffering from much pain in the uterus, back, hips, and down the thighs. She had a frequent sensation of bearing down, which was sometimes so severe, that she could not sit with any comfort. She complained, also, of profuse uterine hæmorrhage, which had continued, more or less persistently, for four months previously to my seeing her. On making a vaginal examination, the cervix uteri was found to be enlarged, indurated, and tuberoso. A hard tubercular matter was found to be disseminated throughout the vagina; and

from the peculiar character of these indurations, and the age and the appearance of the patient, I had very little doubt as to their being of a carcinomatous nature. The uterus was, moreover, adherent to, or impacted in, the surrounding parts, and consequently was almost immovable. The patient had a sallow, unhealthy look, such as is especially characteristic of malignant disease. The following history was elicited. She dates her uterine symptoms as far back as thirty-six years ago, when she caught cold on the tenth day after labour; the lochia were suddenly stopped, and she became very ill for some time afterwards, and suffered much from pains in the womb and back. From that time she has never menstruated, although she was then only thirty-five years of age. Her health continued to be more or less indifferent until May last, when she was attacked, suddenly and profusely, with uterine hæmorrhage. For this, she was not aware of any sufficient cause; and it had continued, almost constantly, up to the time of her applying for advice. Her tongue throughout, as well as antecedently, had been much disordered; and she has felt for some time weak, low, and nervous. At present, her tongue and digestive organs were much disordered, and she was greatly anæmiated. There was also much pain in the uterus and back. She was at first ordered the gallic acid during the day, with an alterative every night, and the sulphate of soda, in aperient doses, every morning; but, as the hæmorrhage had in no degree lessened, after a week's treatment, she was directed to take bismuth daily, as well as the gallic acid. In three days from this change, she was decidedly better; the hæmorrhage was much lessened, although it had not entirely ceased. The state of the stomach and digestive organs was much improved; and she attributed this improvement chiefly to the bismuth. She continued this treatment up to the 10th of October, when the hæmorrhage had entirely ceased; her tongue was clean, appetite good, and bowels regular. She felt stronger, and in almost every respect very well. Hitherto (Dec. 1851) she has had no return of hæmorrhage or uterine uneasiness, and is at the present moment, I believe, in the enjoyment of very tolerable health, and freedom from uterine symptoms.

CASE. CARCINOMA: METRORRHAGIA. Mary S—n, aged 49, applied at the Paddington Free Dispensary, September 12th, suffering from uterine hæmorrhage, which had continued almost constantly for a month, and which she had been repeatedly troubled with for the last five and a half years. She had menstruated regularly up to this time, but ever since there had been more or less of a disposition to uterine hæmorrhage. Sometimes this would continue for thirteen weeks together; and she had seldom been more than three weeks free from

t during the whole of that period. She told me, that she had gone through a great deal of trouble and anxiety. Her husband at one time was possessed of a hundred thousand pounds, but it was all lost by gambling. She had lost one child by starvation, and had herself been in the workhouse. She had had nine children, of which number five were living; and at each labour she lost a large quantity of blood. On examination, the cervix and os uteri were found extremely indurated, and this induration was nodulated and of a peculiarly stony character. The organ was not very sensitive to touch, and the surface was smooth and free from any roughness or abrasion. The os uteri was small, and the axis and position of the cervix normal. There was extreme tenderness of the lower part of the spine and sacrum, and pressure here occasioned uterine uneasiness. She almost invariably awoke with a dry, unpleasant, and bad tongue, and habitually suffered much from thirst at night. Almost everything she took, left a sourness in the mouth; her appetite was bad, and her bowels constipated. She slept badly, awoke unrefreshed, and felt weak, nervous, and languid. There was a loud venous bruit in the neck; she was subject to severe headaches, more especially over the right brow, and generally awoke with pain. The uterine hæmorrhage began almost always with a green mucorrhœal discharge, which afterwards became bloody and clotted; and as these characters subsided it again became green, and it was also very offensive. She was ordered to maintain active counter-irritation over the lower part of the spine by means of the tartar emetic ointment; to take five grains of blue pill every second night at bedtime, and the muriated tincture of iron, with muriatic acid, and the liquor hydrargyri bichloridi daily; together with the gallic acid in pills, as long as the hæmorrhage continued. Until the 28th October, she had continued this treatment with the best results, and she then reported herself to be almost perfectly convalescent, and free from any uterine pain, uneasiness, or hæmorrhage. She had no pain in the back, or bearing down of the uterus; her tongue was clean, her appetite good, and her bowels regular. I have lately again seen this patient, and can add, that up to the present time she has continued perfectly well.

REMARKS. There are two points in connexion with these cases to which alone I will very briefly advert. The one is the extent to which organic disease of the uterus may exist, without being attended by any very manifest uterine disorder. The other is the prejudicial influence of chylopoietic derangement upon the uterine organs, when thus organically diseased.

The former of these circumstances is more especially shown in the first of the cases which I have given, where the uterus had reached as high as the umbilicus, as the result of morbid growth, without the patient having experienced any uterine uneasiness, or having been cognisant of the existence of any uterine disease. Twice, indeed, she had suffered from menorrhagia, but at distant intervals, and under circumstances which would readily account for its occurrence, in the absence of any organic disease of the uterus. Beyond this, she was exempt from any uterine symptoms; her menstruation had been, for the most part, regular; she had no uterine pain or uneasiness, nor did she suffer from leucorrhœa. So far, then, the case is affirmative of the principle which I have asserted, that a considerable amount of organic disease of the uterus is not incompatible either with freedom from uterine uneasiness, or with an absence of functional disorder; and, therefore, when these are present, or coexist with such disease, we are by no means justified in assuming that they are its necessary consequences. Who has not, for instance, known fibrous tumours, and other organic diseases of the uterus, to have been accidentally discovered on a *post-mortem* examination, when the subject had never experienced, or at least complained of, any uterine symptoms during life? Who, again, has not happened to find a considerable amount of structural disease of the uterus cursorily revealed on examining this organ, when the patient had never been aware of its existence, or had only suffered from some very slight or equivocal uterine symptoms? Such instances must have occurred in the practice of most obstetricians; and their occurrence and significance are especially important at the present day, when every blush of redness of the cervix uteri, and every abrasion of its mucous membrane, is supposed to represent some particular form of uterine disease, and to be the cause of the most severe and general derangement of the constitution. So far, however, from structural disease of the uterus being necessarily productive of constitutional disorder, or even of uterine derangement, I constantly meet with it irrespectively of both; and the second case which I have reported may be cited to show, that if incidental disorders can be corrected, it is not incompatible either with healthy menstruation, pregnancy, or parturition. We do undoubtedly sometimes find it attended with very serious symptoms, with derangement of the general health, and with much uterine disorder; but, as I have said, are we in these cases justified in attributing such consequences exclusively to it? That we are not, may, I think, be often deduced from their history, which will show that these disorders, although coincident with the uterine lesion, had not been consecutive to it; and the results of treatment tend further to

Now that on removing the remote causes of uterine irritation and disorder, tranquillity will be restored to the uterine organs as well as to the constitution, notwithstanding the continued existence of organic uterine disease. The conclusion then which I would draw from these facts is, that many of the disordered actions which occur in connexion with organic diseases of the uterus have another origin, and depend rather upon irritation superadded to structural disease, than upon the structural lesion itself. The nature and the seat of this irritation will vary in different cases : it may be primarily in the uterus, in the blood, in the nervous system, or in distant organs ; but wherever it exists, it requires to be carefully investigated and corrected, as a necessary step to the successful treatment of these cases.

The second remark which I have to make is, that the foregoing cases are affirmative of the opinion, which I have so often advanced in the course of this paper, that the influence of chylopoietic derangement is very considerable in giving rise to those disordered states of the uterine organs which so often attend upon their organic diseases. In all these cases, this circumstance was rendered sufficiently obvious, whether we look to their histories or to the results of treatment ; and although it is sometimes difficult to determine the exact relations which coexistent morbid phenomena bear to one another, yet I think that the evidence is sufficiently strong to warrant the conclusion, that the chylopoietic disorder was the cause, in a great measure, of those severe hæmorrhagic and other attacks which occurred in these cases, and which more especially endangered the health of the patients. It is at least certain, that such derangement preceded as well as attended upon these attacks, and that treatment directed to it was more availing than treatment directed to the uterus itself. But I would further observe, that I have frequently remarked that females who are the subjects of organic disease of the uterus, are especially those who have suffered from habitual dyspepsia, whether this has been the result of hereditary causes, of mental unsoundness, nervous irritability, or a neglect of proper hygienic measures. Nor can this be a matter of surprise, if we consider the various modes in which such disorder is calculated to lead to this result. The same system of ganglia which presides over the functions of the chylopoietic organs, presides also over those of the uterine. These ganglia communicate freely by plexuses and nerves, and hence impressions of various kinds are readily transmitted from the one set of organs to the other ; the derangements of the one become thus the cause of the derangements of the other ; and, inasmuch as these ganglia are especially subservient to the regulation of the nutritive functions, we can see how irritation, however set up in them, may conduce to abnormal

nutrition, and so to those structural changes which are its necessary consequences. Even malignant disease may to a certain extent recognise this origin. It has been repeatedly traced to severe and long-continued mental affliction or uneasiness. It apparently had this origin in the two cases which I have reported, and Récamier, it is well known, held strongly the opinion that cancer may thus be developed. Such causes must, at least, give rise to an irritable state of the nervous system, and a disordered state of the digestive organs, calculated in turn to disturb generally the nutritive functions, and more especially those of such organs as have direct or intimate sympathies with the chylopoietic viscera.

These considerations, then, appear to me to suggest some rules which are applicable to the general management of these cases. And in the treatment of hæmorrhages and other secondary affections, which may occur in the progress of these diseases, we may learn the necessity of directing our attention to other circumstances than the mere local condition of the uterus, the employment of local treatment, and the administration of styptics and astringents. We may learn the necessity of looking at the same time to the state of the general health, and more especially of the nervous system, and of those organs which are sympathetically related to the uterus; not to assume that structural disease of the uterus is the sole or necessary cause of any uterine complication which may coexist, or that a state of mere uterine congestion, either active or passive, is the primary pathological element which we are called upon to treat: on the other hand, to consider this, (as it really is in the majority of these cases), a secondary or intermediate link in the series of morbid actions which may prevail; and to bear in mind that, just as nervous irritation, or unhealthy nervous action, may have been the original cause of the organic disease, so may it also be the cause of the congestion or hæmorrhage which is superadded. In fact, it cannot be too strongly enforced, that these are secondary and not primary phenomena, that they are the mere outward or visible manifestations of morbid actions, the causes of which may be remote, and which it is necessary to investigate and to appreciate fully, before we can successfully treat their pathological consequences.

The foregoing observations relate to diseased conditions of the uterus at large. But besides these, there are some of a more limited or local character which involve especially the cervix uteri, and which of late years have been brought very prominently before the notice of the profession, under the title of inflammatory ulcerations of the cervix uteri. I shall conclude this part of the paper with a few remarks

on these affections, or rather, their probable relations to constitutional disorder.

On examining the cervix uteri ocularly, in persons who have long suffered from uterine symptoms, it is not unusual to find that it presents various appearances of an abnormal character. Its volume may be increased, or it may be somewhat indurated, and its mucous membrane may be either reddened, roughened, granular, or abraded. In some cases this has a dark congested look, especially around the os uteri; in some the redness is of a brighter tint; in some it is uniformly diffused, whilst in others it is in irregular patches: in some, again, it is studded with papular elevations, whilst in others it has a pearly or granular appearance. All these conditions I have met with, and therefore I cannot doubt their occurrence, whatever may be their nature or relative frequency, and upon them a system of pathology has been raised, which would connect nearly all the morbid conditions, affections, and feelings of the uterus, with inflammatory ulceration of the cervix uteri. Without, however, stopping to inquire whether every appearance of redness of the cervix can be properly considered as inflammatory, or every abrasion or excoriation of its mucous membrane as ulceration, I would venture to express a doubt as to the correctness of some of the conclusions which have been drawn from these appearances. I do not doubt their existence or possible frequency, but it appears to me to be at least probable that their significance has been apprehended. They have, for instance, been assumed to be the fundamental cause of nearly all the uterine and constitutional derangements which are met with in connection with uterine diseases, to constitute, in a great measure, the key to the whole subject of uterine pathology, and to furnish, when present, the sole or principal indications in the treatment of uterine diseases. Many observations, however, and some attention to this subject, have led me to dissent from these notions, and to believe that these appearances have not the importance which has been assigned to them. I have, for instance, found in cases of a very similar character, that they have been present in some, and altogether absent in others. They have been met with in cases where the patient had experienced no uterine pain or uneasiness, nor been conscious of the existence of any uterine disease. They have been found after death when there had been scarcely any uterine derangement during life; and I have found the same general measures of treatment to be equally available in those cases in which they are present, as in those in which they are absent. I do not, however, by this statement, mean to affirm that local treatment is unnecessary or otherwise than serviceable in these cases; but the motives which would

lead me to its employment, and the extent and frequency to which I should have recourse to it, differ very materially from those which have been urged for it by others.

In considering the nature of these appearances of the cervix uteri, and their relations to constitutional disorder, it should be borne in mind that those which have been regarded as ulcerations are often of a very superficial character and limited extent; so much, indeed, is this the case, that they are sometimes not to be detected unless very carefully sought for. "The simplest form in which the mild or benignant ulcer on the uterus shows itself," says Dr. Every Kennedy, "may be termed excoriation or erosion, in which it exactly resembles an abrasion of the cuticle in the male. It requires," he observes, "the touch of the examiner to be well practised to recognise it, and even the most practised will be deceived occasionally, if he rely upon it exclusively; in the milder forms, *it is merely the epithelium that is eroded*; and in these, the surface of the sore is so smooth and free from granulated elevations, that the finger may pass from the smooth, polished surface of a healthy neck over the ulcer without detecting it" (*Dublin Quarterly Journal of Medical Science* for February, 1847). A medical friend lately informed me, that having some time ago had a patient under his care who was suffering from bad health in connection with uterine symptoms, he called in the assistance of a gentleman who had written much on the subject of uterine disorders, and who at once diagnosed the existence of ulcerative disease of the cervix. My friend was invited by him to inspect the ulceration, but after a careful examination, he reported that he could not perceive it. His attention was then directed to a minute superficial abrasion on the cervix, not, he observed to me, much larger than a pin's head, which he was given to understand was not only the veritable ulcer, but the cause of all the patient's uterine and constitutional derangements. "Whenever an instrumental examination has been decided on," says Dr. Bennet, "it must be efficiently made: whatever speculum may be used, the result cannot be considered satisfactory, unless the entire organ be brought within the field of vision, and unless it be so illuminated by day-light that a *speck of dust* would be visible on any part of its surface.... In common with the continental pathologists who have preceded me in the study of uterine diseases, I give the name of ulceration to a state characterised by the absence of the epithelium as the result of a morbid action, and by the presence of erectile granulations. It is of little importance whether these granulations are so small as to be microscopie, or so large as to be fungous." (*LONDON JOURNAL OF MEDICINE* for May, 1851, p. 453.)

Now, bearing in mind these circumstances, and putting out of consideration for the present all reference to the clinical history of these cases, it appears to me to be difficult to understand how such slight superficial, and even microscopic, lesions of the cervix should react as unfavourably upon the constitution as they have been supposed to do, and should occasion those very complex forms of disorder with which we so often find them to be associated. Certain it is, that much more negligible and appreciable diseases of the uterine neck are met with, without being attended by these consequences; and the cases which I have reported, afford some testimony to the truth of this remark. If the cervix uteri were endowed with extreme irritability or sensibility, then, indeed, such results might be apprehended, if not expected; but every accoucheur knows that it is not; he knows that it is capable of sustaining severe injury, contusion, laceration, and even separation during labour, without any very unfavourable reaction taking place upon the constitution. He knows, also, that it is often found to be extensively indurated and diseased, and the seat of malignant deposits, without occasioning any particular symptoms; that operations may be performed upon it with impunity, as well as cauterisation, and that it has been found to have been almost entirely eaten away by *Corroding Ulcer*, without any uterine pain or uneasiness having been felt, or even any symptoms present to direct the practitioner's attention to the morbus. Bearing in mind these facts, it is difficult, I repeat, to understand how the more trivial lesions of the cervix, which are under consideration, can react as unfavourably upon the constitution and particular organs, as they have been supposed to do.

But, secondly, the clinical history of these cases will be found to show that in the great majority of them derangement of the general health had *preceded* the development of these affections. The subjects who are the most liable to them, or, at least, to those forms of them which are most obstinate, are generally such as are of a strumous or unhealthy habit of body, or are those whose habits and pursuits have been most unfavourable to health. They are most frequently met with among the residents of large towns, and among those whose constitutions have suffered from the unfavourable influence of indolence, late hours, or irregularities, on the one hand, or from privations, unhealthy or harassing occupations on the other. A morbidly irritable condition of the nervous system, seems also to be highly favourable to their occurrence; and from these causes we may readily deduce the existence or production of a state of general weakness and irritability, which, participated in by the uterine organs, would account for all the phenomena which attend these cases,

as well as the occurrence of those physical lesions of the cervix which have been so especially dwelt upon as their principal feature.

Whenever the constitutional conditions which I have referred to prevail to any extent, it must of necessity follow that local irritation will very readily follow upon trivial disturbing causes, and irritation so occurring in such constitutions, will speedily give rise to morbid vascular changes in the irritated parts, while these again will prove more or less intractable to medical treatment, in proportion to the general weakness or irritability which may prevail. Such changes, however, so occurring, form but a part of a prevailing diathesis, and cannot be adequately treated without due regard to it: they are assuredly not the cause of the general derangement with which they are associated, but rather its consequences, inasmuch as they follow upon rather than precede it. The extreme susceptibility of the uterine organs to irritation, and its consequences under the circumstances which I have stated, need not be dwelt upon here; it has already been referred to in various parts of this paper, and its mode of causation must be obvious to all. But to show how readily irritation and morbid vascular changes may occur in the uterine system as the result solely of derangement of the general health, and in the absence of all local influences, I quote the following case from Abernethy.

CASE. "A female child, five years of age, having disorder of the digestive organs, had also discharge from the vagina, and dysury: afterwards several sores formed about the labia pudendi, which were foul and fretful, and did not heal under any of the applications that were tried. The tediousness of the case induced the parents and medical attendant to wish for an additional opinion. Being consulted on the case, I suggested some unimportant alteration in the local treatment, and urged particular attention to diet and to the regulation of the functions of the bowels and biliary secretion, which were extremely wrong. The sores after a little time became materially better, but the disorder of the digestive organs rather increased, when, after the child had for several days discharged nothing from the bowels but a substance resembling clay in consistence, and of a slate colour, it died suddenly of nervous disorder."

The history of this case presents a sequence of morbid actions, which I believe to be common to many of these affections of the cervix uteri. Constitutional derangement is first induced, which secondarily gives rise to irritation of the vaginal mucous membrane, and this is soon followed by unhealthy discharges, morbid vascular actions, and ultimately by intractable ulcerations of the affected and contiguous parts. What-

ver, then, the remote causes may be in these cases, the immediate or primary pathological condition which is set up, is irritation or disordered nervous action; and it is this which it is most important to investigate in such cases. It is this, indeed, which being present will give rise to all those symptoms which attend upon vascular disease of the uterus, and which when absent will divest such disease of much of its severity. It is this, also, upon which, rather than upon vascular disease, may be said to depend those unfavourable reactions upon the constitution, which are so often observed in connection with these affections of the cervix.

If it were possible in all cases to appreciate fully and to remove the causes of uterine irritation before vascular changes had taken place, I doubt not that we should be able very generally to prevent their occurrence. So also, if these causes could be recognised and removed after such changes had taken place, I doubt not that these secondary lesions would often spontaneously subside under the influence of the corrective powers of the constitution alone. But such knowledge is not always obtainable; and hence our indications of treatment are for the most part vague and uncertain, and the results often abortive. Irritation, then, and not inflammation, appears to me to be the key to the pathology of these affections, or rather, I should say, to those functional and constitutional disorders which attend them. All the phenomena attending them may arise from this cause in the absence of any vascular or structural changes. Inflammation, induration, or ulceration, may indeed be superadded, but will occasion little difference in the resulting phenomena; *and it is because uterine irritation thus established has so often a constitutional origin, and is so frequently the consequence of constitutional disorder, that we so constantly meet with such disorder* in connection with these affections. From a disregard of this principle, a too *physical* system of pathology appears to have prevailed upon the subject of these diseases. The physical conditions of the cervix uteri have been carefully noted: every alteration of colour, every thickening or abrasion of its mucous membrane, has been recorded as the essence of some particular species of disease; but the fact at the same time has been overlooked, that these physical conditions are but the consequences, and not the causes, of morbid actions: that they are but the outward manifestations of such actions, and form only a part of the series; often, indeed, being but the terminal links of the chain, of which the primary may be far distant or remote. Of all tissues of the body, there are probably none which are so liable to suffer secondarily from the effects of constitutional disorder,

as the skin and the mucous membranes. They constitute important emunctories for the discharge of various effete and deleterious matters from the blood, whether the effect of mal-assimilation, or the disintegration of the tissues; and their secretions, when vitiated, or greatly altered from their natural condition, may become the exciting cause of numerous local diseases: in the skin, giving rise to different eruptions, and, in the mucous membranes, to various inflammatory and ulcerative conditions. The mucous membrane of the mouth and throat affords many illustrations of this remark; and I would especially refer to the instance of *Stomatitis Ulcerosa*—a disease which is often met with amongst strumous or unhealthy children, as the consequence of constitutional causes alone. But the mucous membrane of the vagina furnishes also analogous instances. It is well known, says Dr. D. Davis (*Elements of Obstetric Medicine*, 2nd edit. p. 76) “that female infants, and children the offspring of parents totally free from constitutional syphilis, are occasionally the subjects of leucorrhœal and muco-purulent discharges, very similar in their appearance, and accompanied by a similar state of irritation of their secreting surfaces, as is observed in cases of virulent gonorrhœa. It is, moreover, well known that children similarly free from all taint of syphilis, are not unfrequently the subjects of ulcerations of their external genitals It has happened to the author rather recently, to have been consulted in three cases of children between the ages of three and seven, for a profuse muco-purulent discharge from the vagina, which in one was attended by extensive ulcerations of the vestibule and the posterior fourchette of the pudendum. All the children presented the usual indications of serofulous constitutions.” Now, if in these cases it is clearly shewn that vaginal discharges, and consequent ulcerations of the pudendum, may occur in children as the sole consequence of derangement of the health, it appears to me to be equally probable that similar occurrences may occur in adult females, as the consequence of similar causes; and that such parts as the cervix uteri, which are constantly exposed to the contact of such vitiated secretions, may equally become secondarily irritated, inflamed, congested, or ulcerated. Such circumstances would, indeed, account for the occurrence of inflammatory and ulcerative affections of the cervix uteri, even in the virgin; but they would also guard us against committing the error of considering them as primary and specific diseases. They point to their constitutional origin, and the necessity of directing our remedies to this cause; they show the inutility of attempting their cure by mere local applications; and, above all, the

propriety of exploring instrumentally the cervix uteri of virgins, for the sake of investigating and treating affections which, when present, are in reality secondary, and not idiopathic diseases. Certain it is, that our more empirical forefathers cured many of these cases by correcting the disorder of the general health, by enjoining frequent ablution, and the occasional use of tepid or cold water injections.

But these circumstances, while they tend in an especial manner to connect the diseases in question with derangement of the general health, and point to the primary importance of constitutional treatment, are by no means opposed to, or inconsistent with, the employment of topical treatment under certain circumstances. Surgeons, it is well known, resort to such treatment in the case of many local affections which depend upon, or have arisen from, constitutional causes. The irritability of a part may be excessive, or altogether disproportionate to that of the constitution; vascular action, when set up, may continue after the causes which have produced it shall have been removed; and a trivial irritable sore of any part of the body may, under certain circumstances, disturb the whole constitution. Here, then, and in many other instances, the employment of topical measures will be productive of the greatest advantage; and that, too, whether the disease for which they may be employed is seated on the cervix uteri, or any other part of the body. But such measures, it may be added, will not alone prove successful. I have known them severingly employed for months for the cure of inflammatory ulcerations of the cervix, by very competent persons, and yet with little positive advantage. They are extremely useful in conjunction with general measures of treatment, but abstractedly will accomplish little; and when we hear of the cervix uteri being cauterised persistently, for periods varying from three months to as many years, for the cure of these affections, we may be sure that the indications for the case have not been properly attended to or fulfilled. It should, moreover, be observed, that the cases requiring local treatment form rather the exception than the rule; that in the great majority, these ulcerative appearances will spontaneously subside, on amending the state of the constitution which has given rise to them; and it cannot be too strongly insisted on, that change of air, and a short residence on the sea-side, has speedily cured many of these cases, when every variety of local treatment had entirely failed. "We should have mentioned," says Dr. Evory Kennedy, "that amongst the plans of constitutional treatment had recourse to in some of the more obstinate cases described, change of air is pre-eminently useful. Often have we seen

these ulcers become stationary in some stage of their progress, then extend; and, when every variety of local treatment seemed to fail, moving our patient a few miles from her previous residence, induced a speedy healing action. In the lapse perhaps of a fortnight, matters again became stationary, when the change of place was repeated with the same good effect; in fact, this circumstance is now so familiar to us, that not unfrequently a patient is kept moving about from place to place until the cure is effected." (*Dublin Journal of Medical Science* for July 1847, pp. 79-80.) I might support the correctness of these remarks, by referring to cases in which severe uterine and constitutional disorder had speedily disappeared after a few weeks' residence at the sea-side, which had been pronounced, after an ocular examination, to depend upon extensive ulceration of the cervix uteri, and which could only be cured by a lengthened course of cauterisation.

Upon the whole, then, it appears to me to be consistent with the clinical history of these cases, with the appearances presented by the cervix uteri, and with the results of treatment, to affirm that these inflammatory and ulcerative conditions of the cervix have not the significance which has been assigned to them; that they are in nearly all cases secondary, and not primary affections; that they have nearly always either a constitutional origin, or are maintained by constitutional causes; that in a large proportion of cases they are curable by constitutional treatment alone; and that the employment of topical treatment, although often beneficial, is yet of subordinate value, whilst its persistent employment for lengthened periods is at the best unjustifiable, because for the most part unnecessary.

From whatever point of view, then, we regard uterine diseases, whether we look to these more partial affections of the cervix, or to those of a more general character, we observe equally the same laws of morbid action prevailing, and the same general principles of treatment available. It may be doubted, indeed, whether these affections ever occur as partially as has been represented, and whether disorder of one part of the uterine system can long exist without sympathetically producing correspondent derangement of others. Certain it is, that in the great majority of these cases we observe evidence of such consent in the character and combination of the symptoms which are met with. Whatever, however, may be the nature or extent of these affections, the influence of constitutional causes in their production is of the highest importance to recognise; and of these, that which I have attempted to elucidate in the foregoing observations, viz., disturbed states of the nervous system, claims our especial attention.

With these remarks I shall conclude this part of the paper, and shall hereafter continue the subject, by a consideration of the relations of uterine disorder to abnormal conditions of the blood and various constitutional diatheses, in further illustration of the relations which subsist between uterine and constitutional disorder.
